state

should

of OCCUPA-

Exact statement

classified.

properly

so that it may

CAUSE OF DEATH in plain terms,

TION is very important.

certificate.

of

See instructions on back

-WRITE PLAI

M.

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STATE OF MARYLAND—OF DEATH Maryland Tuberoule	CERTIFICATE OF DEATH 10196
Carroll Colored Br	anch Registration Dist. No. 74
city Henryton, Maryland.	No. St. Ward
esidence in city or town where death occurred $0_{ m yrs}$ $2_{ m mos}$.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
AME Lillian Bailey	If U. S. Veteran, specify WAR None
ence: No. 941 N. Mount St., Balti (Usual place of abode)	imere, Mdyard. If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH October 1 1936 (Day) (Year)
owed, or divorced Harry Bailey	22. I HEREBY CERTIFY. That f attended deceased from July 20, 1936, 19 to Oct., 1, 1936
H (month, day, and year) Feb., 10, 1915 Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at 6.15 mP.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
fession, or particular f work done, as SPINNER, Housewife ER, BOOKKEEPER, etc	Pulmonary Tuberculosis Dec.,
r business In which vas done, as SILK MILL, IILL, BANK, etc	2,00
ased last worked at II. Total time (years) cupption (manth and Un) seem to this Un) clope well	
(city or town) Maysville,	Other Contributory Causes of importance:
William Johnson	
CE (city or town) Maysville, or country) South Carolina.	Name of operation Date of Was there an autopsy? NO
NAME Fannie Singletary	23. If death was due to external causes (VIOL ENCE) fill in also the following:
CE (city or town) Maysville, or country) South Carolina.	Accident, suicide, or homicide?

1. PLACE County_ Village or Length of r 2. FULL N (a) Reside **PERSO** 3. SEX Female 5a. If married, wid HUSBAND of (or) WIFE of 6. DATE OF BIRT 7. AGE 8. Trade, pro kind of OCCUPATION SAWY 9, Industry o work SAW 10. Date dece this oc year) 12. BIRTHPLACE (State or co FATHER 13. NAME 14. BIRTHPLA (State MOTHER 15. MAIDEN 16. BIRTHPLA (State John E. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, O'Nei 17. INFORMANT Henryton (Address) Maryland 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? NO 19. UNDERTAKER If so, specify (Signed) 10/1/360 20. FILED ... Md ton (Address) Local Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid condition, it any, fedated to the principal cause and any important complication of the principal cause. Under other contributory causes or importance, name other important diseases or injuries. Examples:

Example 1	14	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of injectance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of spile sy	1 week ago
Chronic interstitial nephritis	1921	Run over by greet car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state SCOND. Every item of infor-Exact statement of OCCUPA. PHYSICIANS AGE should be stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. OCCUPATION mation should be carefully supplied. | MOTHER | FATHER | N. B. 2

V. S. No. 1

S	TATE O	F MAR	LAND-	CERTIFICATE OF DEATH 101	97
1. PLACE OF DEA		Co	lored Br	anch 23 74	
				Registration Dist. No.	
Village or City He	nryton,	Marylan	d.	No. St., f death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
			yrsUmos		ds,
		Viola B		If U. S. Veteran, specify WAR None	
(a) Residence: No.	Westover	C, Somer		MS., Ward. If nonresident give city or town and Si.	
PERSONAL AN	ID STATISTI			MEDICAL CERTIFICATE OF DEATH	ate
	OR OR RACE	5. SINGLE, MARK	IED, WIDOWED,	21. DATE OF DEATH	
Female Co.	lored	Widow	(write the word)	Oct., 29, 1936.,1	(Year)
a. If married, widowed, or dive	orced				
(or) WIFE of	Jo	seph Ba	llard	Oct., 2, 1936 19 to Oct., 29,	ceased from
DATE OF BIRTH (month, da	y, and year)	Sept., 4	, 1914	I last saw h.er alive on Oct., 28, 1936	
. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at5.3Qm.A.M.	
22	1	25	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	D-1
Trade, profession, or p	articular as SPINNER. TO	mestic			June June
kind of work done SAWYER, BOOKKEI 9. Industry or business in		THOSOTO	••••		1936
work was done, as SAW MILL, BANK,	SILK MILL, etc				
10. Date deceased last wo this occupation (mo year) - Unkne	rked at onth and	11. Total tir spen TT-pctur	ne (years) t in this patien		
2. BIRTHPLACE (city or town)	Illo at an			Other Contributory Causes of importance:	
(State or country)	Maryl				
13. NAME John	Lee Mil	es,			
14. BIRTHPLACE (city or to	wn) West	over,		Name of operation Date of	
(State or country)		aryland	•	What test confirmed diagnosis?	opsy?_NQ
15. MAIDEN NAME MA	artha Sm			23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or to				Accident, suicide, or homicide? Date of Injury	7,19
(State or country)		ryland.	73	Where did injury occur? (Specify city or town, county and State)	
/. INTUNIVALL	E. O'Ne	ill, M. Marylan	D.,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
8. BURIAL, CREMATION, OR 1	REMOVAL	2		Manner of Injury	
Place Mislover	emelin	Date Now,	1, 1936	Nature of Injury	
9. UNDERTAKER	nas	Bradel	ising	24. Was disease or injury In any way related to occupation of deceased? No	0
(Address)	Oka	light,	md.	If so, specify	
0. FILED 10/29/36	W. YUUV	601	Cill.	(Signed) July Or Childle	M. D.
	/ De	puty Loc	3al Registrar.	(Address) Henryton, Maryland.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: .

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis NOV 6 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state SCORD. Every item of infor-EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING stated AGE should be mation should be carefully supplied.

Exact statement of OCCUPA-

properly classified.

certificate.

CAUSE OF DEATH in plain terms, so that it may be TYON is very important. See instructions on back of

STATE OF MARYLAND—CERTIFICATE OF DEATH 10198

1. PLACE OF DEATH						
County Carroll			Registration Dist. No.			
Village or City R.D.#1 Syk	esville	Md.	NoSt.,	Ward		
Length of residence In city or town where dea	th occurred 49	(If yrsmos	death occurred in a hospital or institution, give its NAME instead of street and n	umber) sds.		
2. FULL NAME Ida Jane	Barnes					
(a) Residence: No. Louisvi	lle, Md (Usual place o	f abode)	St., Ward. Canada 'St., If nonresident give city or town and the state of the state	State		
PERSONAL AND STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			
Female 4. COLOR OR RACE S	or divorced Marri	(write the word)	21. DATE OF DEATH O toku &	, 193 6 (Year)		
5a. If married, widowed, or divorced HUSBAND of			, , , , , , , , , , , , , , , , , , , ,			
	loyd Ba	rnes	22. HEREBY CERTIFY, That lattended of	leceased from		
6. DATE OF BIRTH (month, day, and year) Fe	b. 29.	1856	Llast saw had alive on October 7 1936	: death is said		
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 8:45 A m.	, death is said		
80 7	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
8 Trade profession or particular		, IIII a a a a	were as follows:	Pate of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewi	fe	Serility	4		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Lyperterson	1934		
10. Date deceased last worked at this occupation (month and year)		ne (years) t in this pation	V *			
12. BIRTHPLACE (city or town) Balto	. Co.		Other Contributory Causes of Importance:			
# 13. NAME William William						
14 BIRTHPI ACE (city or town)	kown		Name of operation Date of What test confirmed diagnosis? Was there an a	utangu?		
置 15. MAIDEN NAME Elizabet	h Navlo	r	23. If death was due to external causes (VIOLENCE) fill in also the following			
DE	to. Co.		Accident, suicide, or homicide? Oate of injury			
(State or country)		Md	Where did Injury occur?			
17. INFORMANT Mr. Lloyd Bary (Address) R.D.#1 Sykesv	nes	d.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ice.		
18. BURIAL, CREMATION, OR REMOVAL Cemty	Voate Oct.	10, 19 36	Manner of injury			
19. UNDERTAKER WINTLE	laltz.		24. Was disease or Injury In any way related to occupation of deceased?	YO		
20. FILED 199, 1936 H	Kus	Registrar.	(Signed) Dybasville, Md	M. D.		
If more bla	inks are needed, ac	Idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

V. S. No. 1

N. B.-

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Example I	•	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy*	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorthage NOV 6 1935	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroem, sitis 1	1 year		
A. Carrier and Car		•			

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state COAD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important. B

MARGIN RESERVED FOR BINDING

V. S. No. 1

County All Mark College or City Age Registration Dist. No. Willage or City Age Registration Dist. No. (It also occurred in a hospital of minimizing, give in NANE instead of stress and number) Age Registration Dist. No. Willage or City Age Registration Dist. No. Willage or City Age Registration Dist. No. Willage or City Age Registration Dist. No. Ward Creating Dist. Control of Stress and number) If U. S. Veteran, Specify WAR. St. Ward Central of Greaten District OF DEATH J. S. SIX A COLOR OR RACE S. SINCE MARKED WIDOWED, OR DIVORCEO (swint the yord) OR DIVORCEO (swint the yord) St. II married, wildoward, or divorced (wint the yord) OR DIVORCEO (swint the yord) Will Cor) Will of Cory Will of Cor	1. PLACE OF DEATH		92:00	0100
Village or City	County Carrell		Registration Dist. No.	ef-
2. FULL NAME (a) Residence: No. (Usual place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE 5. SINGLE, MARKEED, WIDOWED, OR DIVORCED Course the synch of DEATH 2. DATE OF DEATH 2. DATE OF DEATH 3. SIX 4. COLOR OR RACE 5. SINGLE, MARKEED, WIDOWED, OR DIVORCED Course the synch of Or DIVORCED Course the synch of Ord, Wilt of Ord, Will o	Village or City Ly Resure	2 /- O (IF	No preced Reeld State Name instead of street and death occurred in a hospital or institution, give its NAME instead of street and	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIER, WIDOWED, OR DIVORED (crise the world) OR DIVORED (crise the world) 6. DATE OF BRRH (month, day, and year) 6. DATE OF BRRH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. Industry or business in which was done, as ILL MILL, SAW MILL, BANK, atc. 10. July and seased last worked at ward or coupsilion. 11. Industry or business in which worked one, as ILL MILL, SAW MILL, BANK, atc. 12. BIRTHPLACE (city or town) 13. SAW ILL, BANK, atc. 14. BIRTHPLACE (city or town) 15. SINCLE, MARRIER, SAW MILL, BANK, atc. 16. SIRTHPLACE (city or town) 17. INFORMANT 18. SAW MILL, BANK, atc. 18. SIRTHPLACE (city or town) 19. SAW MILL, BANK, atc. 19. SAW MILL, BANK, atc	Do!	1v / 68-00		03
Se. If merried, widowed, or divorced No. 19. Sec. 19. Sec		(Usual place of abode)	St., Ward Lykeraille M	State
So. It merried, widoward, or divorced HUSBARD of HUSBARD of HUSBARD of HUSBARD of Got Wife of Cort Wife of Co	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
HUSBAND of (or) WIFE of Clearly Advantage of the Company of the Co	7 /1/	OR DIVORCED (write the word)	Celober 7	., 193 6 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AG	HUSBAND of	. Rele		daceasad from
1 day,	6. DATE OF BIRTH (month, day, and year)	Luberson.		death is said
8. Trede, profession, or particular Management of min. 8. Trede, profession, or particular Management of Manageme	7. AGE Yaars Months		to have occurred on the date stated above, at	
3. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Indicatory or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, atc. 10. Date daceased last worked at this occupation (month and year) 11. Total tims (yeers) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAT (State or country) 18. BURIAL, CREMATION, OR BEMOYAL (Address) 18. BURIAL, CREMATION, OR BEMOYAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Manner of injury Name of operation. Other Cestributery Caro of Importance: Other Cestributery Caro of	12 12			Onto of open
9. Industry or business in which Was done as SILK MILL, SAW MILL, BANK, atc 10. Date decased last worked at this occupation (month and years) Spant in this occupation (month and years) (State or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT State or country) 18. BURIAL, CREMATION, OR BENOYAL Oate 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEO CLASS. 21. 19. 36 Charup New 22. Signed 24. Was disasse or injury in any wey related to occupation of deceased? If so, spacify Signed M. D. M. D. M. D. M. D. Signed M. D. M	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	unce	Succes alunaschioris	1930
This occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOYAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILEO 11. 19.56 Absolute Absolute Absolute Other Cestribetory Calco of Importance: Oth	9. Industry or business in which work was done, es SILK MILL,		***	-
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOYAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEO 21. BIRTHPLACE (city or town) (State or country) (State or country) (Specify city or town, county and State) Name of operation (Mat test confirmed diagnosis? Was there an eutopsy? What diagnosis? Was there an eutopsy? What diagnosis? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of inj	O this occupation (month and	spant in this		
13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOYAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEO CLAR- (A) 19 36 CHARLY MEAN (Signed) 10. Name of operation. Date of What test confirmad diagnosis? W		ou	Other Contributory Comportance:	10.2
What test confirmed diagnosis? Was there an eutopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOYAL (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) Manner of injury (Signed) M. D. Manner of Manner of deceased? (Signed) M. D.	1 / //	glar	mour andersidely	1990
15. MAIOEN NAME Classific Section 15. MAIOEN NAME Classific Section 16. BIRTHPLACE (city or town) Section 16. BIRTHPLACE (city or town) Section 17. INFORMANT Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR BEMOYAL Out. 19. UNDERTAKER Survey Section 18. December 19. UNDERTAKER (Address) Specify whether injury in any wey related to occupation of deceased? 19. UNDERTAKER Specify Section 19. UNDERTAKER (Address) Specify Section 19. UNDERTAKER (Signed) M. D.	14. BIRTHPLACE (city or town)	and Hell		eutopsy?
(Specify city or town, county and State) 17. INFORMANT Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOYAL Court. Oate Out 12, 1956 Manner of injury Nature of injury 19. UNDERTAKER (Address) 18 so, spacify 18 so, spacify (Signed) M. D. (Signed) M. D.	15. MAIDEN NAME Clearlage	Lake		-
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOYAL Source. Oate Out. 12, 1956 Manner of injury. Nature of injury in any wey related to occupation of deceased? (Address) 24. Was disease or injury in any wey related to occupation of deceased? (Signed) (Signed) M. D.	16. BIRTHPLACE (city or town) - Racy	laged	Whare did Injury occur?	
19. UNDERTAKER And And Andrews Superinter Will Son Date (Address) Superinter Will Son Date (Signed) (Signed) (Signed) M. D.		Records no		
(Address) Syptimile Mid; It so, spacify 20. FILEO ON 12, 19 36 Officery New (Signed) Cased My Cees M. D.	Vivianion & Manualtal Well	ev. Ost. 12, 1936		
20. FILEO Oit. 12, 19 36 Othorny New (Signed) Massed My Cees M. D.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	View,		
Registrar. (Address) - All Revealed Address	1. 1. 13 31 AV.		N - 1 Cha	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

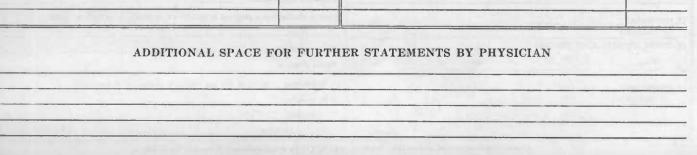
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

11	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
The state of the s	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	





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Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SCOT 4 NON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE 1	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAD	SI AUE	L OIL	T. OTCTTTTTT	DIZILBULLATO	The T	T TI T OI OI OI STATE

-WRITE PLA

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of	nld	S	1	
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD. Every item of inf	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUF		
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DOD!	PH	xact		
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K-T	plnoy	may	TION is very important. See instructions on back of certificate.	
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STATE OF MARYLAND-CERTIFICATE OF DEATH

		•			
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1	U	2	ŧ	Ĭ	1

1. PLACE OF DEATH			(28)	1 1
County Carroll			Registration Dist. No. 74	
Village or City Springfie	ld State	e Hospita	al No. Sykesville. Md. St	Ward
Length of residence In city or town where do	eath occurred 1	yrs3_(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Thomas Ru (a) Residence: No. 4118 Bel			imgre, Md.	
(2) 1100110011101	(Usual place of		If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR, OR RACE White	5. SINGLE, MARR OR DIVORCED Marri	(regrite the word)	21. DATE OF DEATH October 25, 1936 (Month) (Day) (Ye	ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Marie F	ranklin		22. HEREBY CERTIFY, That I attended deceased	70
6. DATE OF BIRTH (month, day, and year) Ja	nuary 7	. 1902	I last saw him alive on October 25 1936; death	36
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, 9:05p.m.	12 2010
34 10	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, St SAWYER, BOOKKEEPER, etc S. Industry or business in which work was done, as SILK WHOST SAW MILL, BANK, etc CONST. 10. Date deceased last worked at this occupation (month and	eel work		Central nervous system syphilis Date of	fonset
9. Industry or business in which			Prior to 7/22/	/35
work was done, as SILK Mtonst SAW MILL, BANK, etc. Const				
this occupation (month and year)	11. Total tim	in this ation?		
12. BIRTHPLACE (city or town) Southam (State or country)			Other Coutributory Causes of Importance:	
13. NAME Ghomas Brown				
13. NAME Ghomas Brown 14. BIRTHPLACE (city or town) (State or country) Mass	•		Name the peretion cal symptoms and Date of	No
15. MAIDEN NAME Ada Simps	on		23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Ada Simps 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	
17. INFORMANT Springfield S (Address) Sykesville,		spital r	(Specify city or town, county and State) Georgy whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.	
18, BUNAL, CREMATION, OR REMOVAL	Date Oct	27,1936	Manner of injury	
19. UNDERTAKER Address)	re Que	v.	24. Was disease or injury In any way related to occupation of deceased? NO	
20. FILED Jel. 26, 19.36 Q	(ary)	Registrar,	(Signed) Harry F. Baer, (Address) Systemille, Md.	_ M. D.

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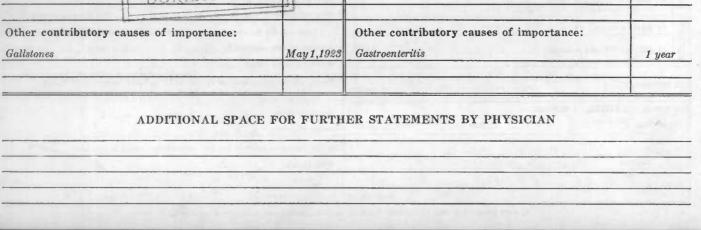
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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
11.3		1 week ago
1921	Kun over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



TION is very important. See instructions on back of certificate.

V. S. No. 1

	CERTIFICATE OF DEATH 10202
1. PLACE OF DEATH	186:00,
County arroll	Registration Dist. No.
Village or City Eldersburg	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Lessis M. Bucking	ghault U. S. Veteran, specify WAR
(a) Residence: Noteen Plotersburd	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct > 193.6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. Self HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) See 5, 1863	I last sew hand alive on 21 7, 193 C; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2 10 m.
72 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Date of onset
kind of work done, as SPINNER, ar seuler	arcusmas ros al
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased lest worked at this exercise the second in this country in this property in this second in this seco	
10. Date deceased lest worked at this occupation (month and 1929 spent in this occupation occupation	
12. BIRTHPLACE (city or town) Carry Cl Co,	Other Contributory Causes of importance:
(State or country) Mary Jano	Taxeluse A Secure Cott
13. NAME/hos & Byckingham	6 /
13. NAME / 100 & Surfature aloum 14. BIRTHPLACE (city or town) arroll (Co) (State or couptry)	Name of operation Date of
(orace of couplis)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME OF CHILD STATES OF COUNTY OF C	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Mary and	Where did injury occur? (Specify city or town, county and State)
17. INFORMAND Surge Surg	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury Fall in Andrews
Place States (LCL 10, 193)	Neture of injury
19. UNDERTAKER M. Walls	24. Was disease or injury in any way related to occupation of deceased?
(Address) purfield Ing	If so, specify 2
20. FILED DIV. 8 19 36 Charry Leer	(Signed) M.D. M.D.

Registrar.

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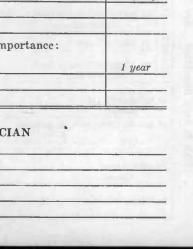
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	Example I	İ	Example II	
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEIVEL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



AMARGIN RESERVED FOR BINDING

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T. COAD. Every item of infor- Y. PHYSICIANS should state Exact statement of OCCUPA.	(a) R
PH.	PER
Exa	3. SEX
LY	72m
N. B.—WRITE PLAINLY, What UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FION is very important. See instructions on back of certificate.	5a, If married HUSBAN (or) WIF
EX EX cl:	6. DATE OF I
P B	7. AGE
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NF. plie rms	13. NAME
If UNFADIN y supplied. / lain terms, so See instruction	(State 23 13. NAME 14. BIRTH 14. BIRTH 15. MAIO
rilly pla	₩ 15. MAIO
WRITE PLAINLY, Wharf UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	13. NAME 14. BIRTH 14. BIRTH (S 15. MAIO 66. BIRTH
LAIN uld be DEA	17. INFORMAN
Sho OF	f8. BURIAL, C
SE	Plece.
matia CAU TIO	19. UNOERTA
E Z	20. FILED /

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10202
1. PLACE OF DEATH	50 /
County Casroll	Registration Dist. No.
Village or City Patalisco	No. St. Ward
toward of the state of the stat	death occurred in a hospital or institution, give its NAME instead of street and number)
10.010	ds. How long in U.S. If of foreign blrth?mosds.
2. FULL NAME Julia totella (1	ren
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of Calvin P. Char.	22. HEREBY CERTIEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than f day,hrs. ormin.	I last saw h. Ess. alive on Oct. 6, 1936; death is said to have occurred on the date steted above, et 7 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular A	Secured Mennay Date of onset Secured A Mennay Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and) this corporation (month and) spent in this	willi Metrislases
this occupation (month and and 36 spent in this 46 yr. occupation 46 yr. occupation (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Lies Cof Muller 66. BIRTHPLACE (city or town) (State for/country) Manylegerd	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Colors Colors (Address) Palaboco Mal 18. BURIAL CREMATION, OR REMOVAL	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Better Country Date Oct. 10, 1936	Manner of injury
19. UNOERTAKER Transis Kush (Address) Maghaninester, Mah.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Registrar. If more blanks are needed address State Registrar.	(Signed) A Jan Me John M. D. (Address) Dansfoland Md.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F		

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.-

PHYSICIANS should state of OCCUPA-Exact statement properly classified.

COKD. Every item of infor-See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF	F DEA	TH	Mary	land Tub	erculosis Sanatorium	204
	County_ C				Colo	red Branch 23 Registration Dist. No. 74	4.
	,			, Maryla	nd	No (choro)	Ward
					(#	f death occurred in a hospital or institution, give its NAME instead of street and is. 20 ds. How long In U.S. if of foreign birth?m	number)
2				lle Cody		If U. S. Veteran, specify WARNone	
	(a) Residen	ce: No. F	ederals			Co.st, Md. Ward.	
	PERSON	AL AN	D STATIST	(Usual place		ff nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. S			R OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	
	Female	Co	lored	or Divorce Marri	o (write the word)	Oct., 6, 1936 (Month) (Day)	, 193
5a.	f married, widow HUSBAND of	ed, or divo	rced				
	(or) WIFE of		Jose	eph Cody	10.	22. f HEREBY CERTIFY, That I attended Mar., 16, 193619 to Oct., 6, 1	deceased from 936
6. D	ATE OF BIRTH (month, day	, and year) No	W. 7.	1905	I last saw her alive on Oct. 6, 1936 19	
7. A			Months	Days	If LESS than	to have occurred on the date stated abova, at 4.45 A. M.	
	30		10	29	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
NO	8. Trade, profes	ork done.	as SPINNER.	Domesti	0	Pulmonary Tuberculosi	\$
OCCUPATION	9. Padustry or 1	BDDKKEE business in	which	DOMESUL	<u> </u>	•	Moss
a D	work was	done, as S L, BANK, a	ILK MILL,	Unknown			Nov.
Ö	1D. Date decease	d last wor pation (mor	ked at oth and Unkr	11. Total ti	me (years) It in this unknow		TASS.
_ !	year)				pation_UIIIIUV	Other Cantributory Causes of importanca:	
12.	BIRTHPLACE (cit		Hurlo Maryl			Gen 400 cm Gen Gen	-
2	13. NAME	,		s Canno	n		
FATHER		4.24	Fodox	alsburg		Name of providing	
FA	14. BIRTHPLACE (State or		Mary I			Name of operation Date of What test confirmed diagnosis? Was there an a	autoney No
ER	15. MAIDEN NA	ME	Carri	e Cepha	S	23. If death was dua to external causes (VIDL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE	(city or to	wn) Hurlo	ock		Accident, suicide, or homicide? Date of injury	T.T., 19
	(State or	country)	Mary	and		Where did injury occur? (Specify city or town, county and Stat	(e)
	(Addrass) H	enry	ton, Ma	ryland	D.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMAT	0 1	EMOVAL Zee	Date O	1-9-1936	Manner of injury	
19.	UNDERTAKER	J. 0.	Than	from	-md	24. Was diseasa or injury in any way related to occupation of deceased? II	0
		/36.1	0/	F (95)	1	(Signed) Thus 6. Mare	e. M.D
20.	FILED_LO_/_6	1.9.0.,1	Deput	v Local	Registrar.	(Address) TEnnyton	" rend

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

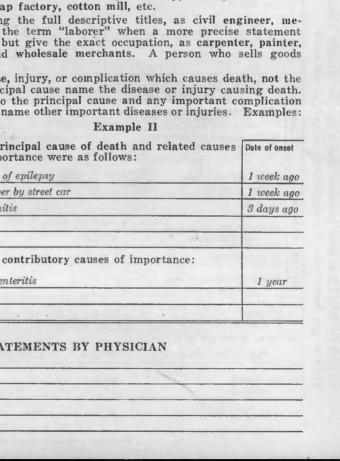
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1836	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis OCT 23	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis	3 days ago
33.11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10205
County To arroll essents charte as	Registration Dist. No.
Village or City Westminster	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charles Trumberla	md
(a) Residence: No. 2 Milton Curp.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /0 - / - 193 6
M married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Henricta Spiences	22. JHEREBY CERTIFY, Mat Vattended deceased from
(or) when	Mar- 1956 10, Oct - 1 -1936
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on Det 1 195 c death Is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 57.56 m.
3.0 - 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of one of
kind of work done, as SPINNER, Machanis SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK Work was done, as SILK SAW MILL RANK etc.	Myo cardilis (Che,)
9. Industry or business in which work was done as SILK MILL Mars of Affile Took	Nephritis (Ch.)
O I I I I I I I I I I I I I I I I I I I	7
this occupation (month and spent In this	
year) occupation 1.5	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME To harles trumberland 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy? Zeb
15. MAIDEN NAME A J J Low	23. If death was due to external causes (V)OLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMAN My Hymutta Cumbaland	Specify whether injury occurred in House of the Home, or in PUBLIC PLACE.
(Address) Mystminster, md.	
18. BURIAL, CREMATION, OR REMOVAL Place andy mount bende Get 4, 1936	Manner of injury
Place May mount of Date Och 7, 1986	Nature of injury 240
19. UNDERTAKEN Sankard for	24-Was disease or injury in eny way related to occupation of deceased?
(Address) Westminster, md.	If so, specify
20 51150 / 2 1036 / Cle 000 2 1	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	ONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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COAD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE N. B.

V. S. No. 1

2. FULL NAME (a) Residence: No. (b) According to receive the country of the cou	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City	1. PLACE OF THE AND THE PLACE OF THE PARTY O	18 01
Langth of residence in pily or fown where yields occurred. (iff death occurred in a hospital or institution, give its NAME instead of trees and number) 4. Business of the country of th	County Carroll &, ITHIN STAIN	Registration Dist. No.
Langth of residence in pile or town where years and secured. (a) Residence: No. Cissal place of about St., Ward. (b) PERSONAL AND STATISTICAL PARTICULARS 2. FULL NAME (a) Residence: No. Cissal place of about St., Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX. ACCOLOR OR RACE. S. SINCLE, MARRIED, MODOPED, OR BUTTARED CONTROL OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, min. 8. Trade, profession, or particular SAWYER, BOOKKEPER, at Case of Importance was as follows: 8. Trade, profession, or particular SAWYER, BOOKKEPER, at Case of Country Saw Conceased last worked at SAWYER, BOOKKEPER, at Case of Country Saw Cou	Village or City WE Samuely	
(2) Residence: No. (2) Residence: No. (3) Residence: No. (4) Residence: No. (5) It morried widered a feet of the feet of t		
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OX SACE OX DYTORCED (**mir the word) Ox DATE OF DEATH J. DATE	2. FULL NAME Morley Danne	
PERSONAL AND STATISTICAL PARTICULARS 1. SEX ACOLOR OR \$6.CEX S. SINCLE, MARKEED, WIDOVED, ONE BYTORCED Comit (by word) Sa. It married, widoweb-or divorced HUSSAND of (cry) WIFE of		
3. SEX JOCOLOR OR RICES S. SINCIE, MARRIED, WIDOWED, OR DYNACED Comine the word) OR DYNACED Comine the word) Sa. It married, widoweby-or divorced (cr) WIFE of (Month) (Cr) WI	9	
Sa. H married, widowsty-or divorced HUSSAND (Month) (Day) (Yest) 22. I HEREBY CERTIFY. That I attended deceased from the said to have occurred on the date stated above, at. 2 19.3 death is said to have occurred on the date stated above, at. 2 2 19.3 death is said to have occurred on the date stated above, at. 2 2 3 death is said to have occurred on the date stated above, at. 2 2 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated above, at. 2 3 3 death is said to have occurred on the date stated abo		
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than 1 day	Krylos While OR DIVORCED (write the word)	October 27, 193 C
To AGE Vears Months Days If LESS than I day	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
To AGE Vears Months Days If LESS than I day	(= 1026	, 19.3 to (1) 22, 19.3 to
8. Trade, profession, or particular kind of work done, as SPINNER, SAWTHER, BIDNKEPER, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and soveragation which was done as SSILK MILL, SAW MILL, BANK, etc. 11. Total time (years) Spent in this occupation (month and soveragation which was done as SSILK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, DR REMOVAL Place 19. UNDERMANT (Address) 19. UNDERMANT (Signed) 19. Signed) 19. Signed) 19. One of injury (Signed) 19. One of injury (Address) 20. FILED CL 27. 19. 36 20. FILED CL 27. 19. 36 21. Signed) 10. Date of injury (Address) 22. Signed) 10. One of injury (Address) 22. Signed) 10. One of injury (Address) 23. Signed) 14. Was disease or injury in eny way related to occupation of deceased? 19. UNDERMANT (Address) 19. One of injury (Address) 19. One of injury (Address) 19. One of injury (Address) 24. Was disease or injury in eny way related to occupation of deceased? (Address) 19. One of injury (Address) 19. One of injury (Address) 20. FILED CL 27. 19. 36 21. One of injury (Address) 22. Signed) 23. One of injury (Address) 24. Was disease or injury in eny way related to occupation of deceased? (Address) 24. Was disease or injury in eny way related to occupation of deceased? (Address)		9.55
S. Trade, profession, or particular skind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (sity or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Stele or country) 18. BURIAL, CREMATICA, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) M. D. Registrar. (Roddress) M. D. Registrar.	7 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Description Descri	8. Trade, profession, or particular	
Description Descri	SAWYER, BDDKKEEPER, etc	Juleand Heighar Charles 1-9-36
Description Descri	9. Industry or business in which work was done, as SILK MILL,	1
Description of deceased? Description of dec		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. State or country) 17. INFDRMANT (State or country) 18. BURIAL, CREMATION, DR REMOVAL (Address) 20. FILED 21. State or country) 19. UNDERTAKER (Address)	114 1 hall	Other Contributory Causes of importance;
13. NAME 14. BIRTHPLACE (sity or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFDRMANT (Stete or counlay) 18. BURIAL, CREMATIQN, DR REMOVAL Place 18. BURIAL, CREMATIQN, DR REMOVAL Place 18. BURIAL, CREMATIQN, DR REMOVAL Place 18. BURIAL, CREMATIQN, DR REMOVAL 18. BURIAL, CREMATIQN,		Coulding Plyings 10-23-30
What test confirmed diagnosis? Was there an au'opsy? Was the authorized to cided the authori		Q
What test confirmed diagnosis? Was there an au'opsy? Was the authorized to cided the authori	I 13. NAME and and ger	
What test confirmed diagnosis? Was there an au'opsy? Was the authorized to cided the authori	14. BIRTHPLACE (city or town)	
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATIQN, DR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) 20. FILED CA 27 19. (Signed) Registrar. Where did Injury occurr? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Where did Injury occurr? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Where did Injury occurr? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Where did Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Signed) (Address) Manner of injury (Signed) (Signed) (Address) (Address) (Address)	(State of Country)	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
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17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address)	(State or country)	
Place William Date Date 2, 186 Nature of injury 19. UNDERTAKER DA HAMPE DATE DATE DATE DATE DATE DATE DATE DAT		Specify whether injury occurred In INDÚSTRY, in HOME, or In PÚBLIC PLACE.
19. UNDERTAKER AND HAMPING SANGE (Address) 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
20. FILED CL 27, 19 36 CR Gegistrar. If so, specify (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	Place A MULTI Chu Date 1 1936	Nature of injury
20. FILEDOCA 22, 1936 CRISTOR (Signed) O. The M. D. (Address) (Address) (Address) (M. D.		
	20. FILEDOCK 22 1936 CRAPLE	(Signed) Offer M. Jayley M. D.

100 11 159

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		U-C 2 7000 1	
.03			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 🔻 🦿	May 1,1923	Gastroenteritis	1 year
W			
43.			

STATE OF MARYLAND—CERTIFICATE OF DEAT

(If death occurred in a horpital or institution, give its NAME intered of street and number) Length of residence in city or town where death occurred . O. yrs. O. mos. 14ds. How long in U.S. to foreign birth? XXBEXXX mos. 1. U.S. Veteran, specify WAR. NODE. (a) Residence: No. R.F.D. #1 Frederick, Fresterickward., Md. (Unusiplace of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female		1. PLACE OF		TH Many		thanaula-	CERTIFICATE OF DEATH	
Village or City Henryton, Md. No. Length of residence in city or town where death occurred . O. yrs. O O		CountyCal	rrol	1	Land It	ored Bro		
Length of residence in city of town where death occurred . O. yrs. O.mos. 1.4ds. How long in U.S. if of foreign birth? XXECTX mos. 2. FULL NAME Blanche Diggs (a) Residence: No. R.F.D. #1 Frederick, Freserickward., Md. (Usus) place of shods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female Colored S. SINGLE, MARKED, WIDOWED. OR DIVORCED (write the word)		,				191.60 1110		
(a) Residence: No. R.F.D. #1 Frederick, Frederickward., Md. (Unuslpace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Female						O yrs. O n	If death occurred in a hospital or institution, give its NAME instead of stree	t and number)
(a) Residence: No. R.F.D. #1 Frederick, Frederick Word. It nonceident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX		2. FULL NAT	VIE.				If U. S. Veteran, specify WAR None	
3. SEX FEMALE 4. COLOR OR RACE COLORED OR DIVORCED (write the word) MATTIES 5. SINGLE, MARRIED, WiDOWED OR DIVORCED (write the word) MATTIES 5. SINGLE, MARRIED, WiDOWED OR DIVORCED (write the word) MATTIES 5. If married, widowed, or divorced HUSSAND or (O) WiFe of HOWARD DIGGS 6. DATE OF BIRTH (month, day, and year) HOWARD DIGGS 6. DATE OF BIRTH (month, day, and year) Jan., 2, 1896 7. AGE Years Months Days II LESS than 1 day,		(a) Residence	ce: No	R.F.D.	#1 Fre	derick,	Frederickwfo., Md.	n and State
Female Colored Married 5a. If married, widowed, or divorced Married 5a. If married, widowed, or divorced HUSSAND or Got Wilfe of HOWARD Diggs 5a. If married, widowed, or divorced HUSSAND or Got Wilfe of HOWARD Diggs 5b. Date of Birth (month, day, and year) Jan., 2, 1896 5c. Date of Birth (month, day, and			AL AN	D STATIST	ICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEAT	тн
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HOWARD DIGGS 5. DATE OF BIRTH (month, day, and year) Jan., 2, 1896 7. AGE Years Months Days If LESS than 1 day					OR DIVORC	ED (write the word)	Oct., 16, 1936	
(or) WIFE of HOWARD DIGGS 6. DATE OF BIRTH (month, day, and year) Jan., 2, 1896 7. AGE Years Months Days If LESS than 1 day by 1 day and year by 1 day and	5a.	. ff married, widowe HUSBAND of	ed, or divo	rced				
6. DATE OF BIRTH (month, day, and year) Jan., 2, 1896 7. AGE Years Months 40 9 14 15 Iss saw h.Gr. alive on Oct., 16, 1936. death is set to have occurred on the date stated above, at 6.30 R. M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Pulmonary Tuberculosis May. SAWTER, BOOKKEFFR, atc. 9. Industry or business in which work was done, as SPINNER. Domestic SAWTER, BOOKKEFFR, atc. 10. Data deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this unkers of importance: 12. BIRTHPLACE (city or town) Frederick, (State or country) Maryland. 13. NAME Samuel Ross, 14. BIRTHPLACE (city or town) Frederick, (State or country) Maryland. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Washington, (State or country) Washington, (State or country) 16. BIRTHPLACE (city or town) Washington, (State or country) 17. INFORMANT John E. O'Neill, M. D., Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	_	(or) WIFE of		Howard	Diggs			
7. AGE Years Months 40 9 14 ItESS than 1 day It	6.	DATE OF BIRTH	month, day	, and year) Ja	an. 2.	1896	I last saw h.er alive on Oct. 16 1936	death is said
Sartade, profession, or particuler kind of work dona as SPINNER. Domestic SAWYER, BOOKKEPER, atc	-			1		If LESS than	to have occurred on the date stated above, at 6.30 P. I	1.
Sartade, profession, or particuler kind of work dona as SPINNER. Domestic SAWYER, BOOKKEPER, atc		40		9	14	or XXXIIX	The PRINCIPAL CAUSE OF DEATH and releted causes of importance wera es follows:	1
3. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year) Unknown Unknown Unbergotism. 12. BIRTHPLACE (city or town) Frederick, (State or country) Maryland. 13. NAME Samuel Ross, 14. BIRTHPLACE (city or town) Frederick, (State or country) Maryland. 15. MAIDEN NAME Martha Barton, (State or country) Washington, (State or country) D. C. (State or country) D. C. (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	Z	8. Trade, profes	sion, or pa	erticuler as SPINNER T)omogti			
Other Coutributory Causes of Importance: 12. BfRTHPLACE (city or town) Frederick, (State or country) Maryland. 13. NAME Samuel Ross,	TIC				Joines of			1936
Other Coutributory Causes of Importance: 12. BfRTHPLACE (city or town) Frederick, (State or country) Maryland. 13. NAME Samuel Ross,	UP/	work was	done, es S	SILK MILL.				
12. Birthplace (city or town) Frederick. (State or country) Maryland. 13. NAME	000	10 Data decease	d leet wor	kad at	Sp	ent In this		
13. NAME Samuel Ross, Name of operation. Data of State or country) Maryland. What test confirmed diegnosis? Was there an autopsy? Name of operation. Was there an autopsy? Name of	12. BIRTHPLACE (city or town) Frederick,				ick,		Other Contributory Causes of Importance:	
14. BIRTHPLACE (city or town) Frederick, What test confirmed diegnosis? Was there an autopsy? Now the state of country) Was there an autopsy? Now the state of country was there an autopsy? Now the state of country was the state of country was the state of country was the state of country was the state of country was the state of country was the state of country was the state of country was the state of country was the state of country was the state of country was the state of country was the state of country occur? 17. INFORMANT JOHN E. O'Neill, M. D. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	2							
15. MAIDEN NAME Martha Barton, 16. BIRTHPLACE (city or town) Washington, (Stata or country) D. C. 17. INFORMANT John E. O'Neill, M. D., 18. Maiden was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of Injury	FATHE	14. BIRTHPLACE	(city or to	wn) Fred	lerick.	<u></u>		of
(Specify city or town, county and State) 17. INFORMANT JOHN E. O'Neill, M. D. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	ER							
(Specify city or town, county and State) 17. INFORMANT John E. O'Neill, M. D. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	16. BIRTHPLACE (city or town) Washington,					7	Accident, suicide, or homicide? Data of Injury	
(Address) Hongriton Md	Tohn F O'Notll M D				. D.,	(Specify city or town, county as	d State) IC PLACE.	
18. BURIAL, CREMATION OR REMOVAL Place Ray on welle Med Dete Oct 191, 1936 Natura of injury Natura of injury	f8	BURIAL, CREMATI	IONO OR R	EMOVAL 9	00	t. 191,193		
19. UNDERTAKER 14. R. Clicle sourt Sour 24. Was disease or injury in any way related to occupation of deceased? NO (Address) Field single Months.	f9		y.k	Clel	you	+ Sou	24. Was disease or injury in any way related to occupation of decease	d? No
20 la de la la la la la la la la la la la la la	20	1-	6/36	V. YAYANN.	CO.	Registrar.	(Signed) Muss Comment	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

COAD. Every item of infor-PHYSICIANS should state

IS A PERMANENT: stated EXACTLY.

MARGIN RESERVED FOR BINDING

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AGE should be

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-WRITE PLAI

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

properly classified.

certificate.

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	5	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDI	TIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSI	CIAN

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-WRITE PLAINLY, WINT UNFADING INK-THIS IS A PERMANENT COND. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	IION is very important. See instructions on back of certificate.	
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STATE OF MARYLAND—CERTIFICATE

_	OF	DEAIL	1020
1			

1. PLACE OF DEATH	93:0
County Carroll	Registration Dist. No.
Village or City Springfield State Hospita Length of residence in city or town where death occurred 14 yrs. 7 mo	
2. FULL NAME Henry A. Fahrenwald (a) Residence: No Bethesda, Md. (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 27, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of Mary C. Morris 6. DATE OF BIRTH (month, day, end year) May 18, 1887	22. I HEREBY CERTIFY. That I ettended deceased from April 15, 1936, to Octo. 27, 1936. I last saw h im alive on October 26, 1936; death is said
7. AGE Years Months 0 ays If LESS than 49 5 8 1 day,hrs. ormin.	to have occurred on the date stated above, at a . m . m.
* Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc	Chronic Myocardial
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)—South—Dakota	Degeneration Prior to 6/18/36 Degeneration Prior to 6/18/36 Degeneration Prior to 6/18/36 Degeneration Prior to 6/18/36 Degeneration Prior to 6/18/36
(State or country)	
14. BIRTHPLACE (city or town) New York	Name of operation
15. MAIDEN NAME Catherine Strickey 16. BIRTHPLACE (city or town) (State or country) Russia	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
(Address)	(Specify city or town, county and State) Copecify Shether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL, CREMATION OF REMOVAL Oate Old 29, 1906	Manner of injury
19. UNOERTAKER A. Proceeding (Address) Rosewalla ma.	24. Was disease or injury In any way related to occupation of deceased? NO
20. FILED Del. 27, 1936 Harry New Registrar.	(Signed) Varry J. Baer, M.D. (Address) Sykesville, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1036 1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUKEN			
Other contributory causes of importance	:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10208
1. PLACE OF DEATH	92:0
County Ganal WITTEN CORPORT LINITER	Registration Dist. No.
Village or City 1/18 minster	No. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Garrie Brown For	IK-
(a) Residence: No. 148 W. Main (Usual place of abode)	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (wpite the word)	21. DATE OF DEATH Char (Day) (193 (Year)
5a. If married, widowed, or divorced HUSBAND of St. Chap. R. Fourty 6. DATE OF BIRTH (month, day, and year) Sec 31 - 1879	22. HEREBY CERTIFY, That lettended deceased from 24, 19.3.6, to October 17, 19.3.6; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at. 3. 30 Am. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Conglatuis Heart Fortuna 9-24-36
12. BIRTHPLACE (city or town) (State or country) 13. NAME A Company C	Other Contributory Muses of inflorence: Density of the Contributor
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Recogning 15. MAIDEN NAME Recogning 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT O has P. Four	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lucles & Em. Date 01.19, 1956	Manner of injury
19. UNDERTAKER Baskand Der (Addiess) Westminster. Mit.	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Dier o	77		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

No		St.,	Ward
eath occurred in a horpita			
ds. How long in	U.S. if of foreign birth	?yrs	mosds.
St.,Ward.	16		. 1 6.
		ident give city or town a	nd State
MEDIC	AL CERTIFICA	TE OF DEATH	
21. DATE OF DE	ATH /	2 -	
	10-	- br	, 193 6
	(Month)	(Day)	(Year)
2. O LHER	FRY CERT	IFY That I attende	od deceased from
9-29	- 36	IFY. That I attended	34
	, 13, 10.		£.
I last saw h aliv		7 , 19	; death is seid
to have occurred on the	date stated above, at	// 4 m.	
The PRINCIPAL CAUSE	OF DEATH and related	causes of importance	
were as follows:	les - mus		Date of onset
0.2			7-21-
Other Contributory Cause	of importance:		
Name of operation		Date of	
What test confirmed diag	nosis?	Wes there a	n autopsy?
23. If death was due to ex	ternal causes (VIOL ENG	(E) fill in also the follow	ing:
Accident, suicide, or hom		Date of injury	
	11	Date of injury	, LJ
Where did injury occur?.	Specify ci	ty or town, county and S	tate)
Specify whether Injury or	curred in INDUSTRY, i	n HOME, or In PUBLIC I	PLACE.
	11000		
Manner of injury			
Nature of injury			
24. Was disease or injury	In any way related to o	occupation of deceased?_	
ly so, specify	60	0	
(Signed)	W.C.	Ermello	te D
	with	man Clas h	M. D.
(Address)	Major	March 1	~

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	100
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Combrol honorabase	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones ·	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY, WI

N. B.-

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

10210

Misi,

1. PLACE OF DEATH	
County Springfuld State It	expiral Registration Dist. No. 74
Village or City Dukawille, Mel.	n.
0	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,l_	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Trock Roland 9	acce If U. S. Veteran, specify WAR
(a) Residence: No. Balfimor Coin (Usual place of abode)	A
PERSONAL AND STATISTICAL PARTICULARS	// If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
male white OR DIVORCED (write the wor	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of OI, grace (mariden man	22. I HEREBY CERTIFY, That I attended deceased from 23. 19 36, to October 9, 19 36
6. DATE OF BIRTH (month, day, and year) / PG O	I last saw h. Cha. alive on CASC 9, 1936; death is said
7. AGE Years Months Days If LESS th	
7 1 1 day,	war as fallows.
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Memplefia Jun 25
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Primary Course: Orebral homourhage. 1936
work was done, as SILK MILL, SAW MILL, BANK, etc.	Duration: from June 25th 1936 to October
11. Total time (years) this occupation (month and 197 0) year)	? 9th 1936 Cuy R.
12. BIRTHPLACE (city or town) Bulfmore Cy (9), Mod	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sulfumore (4/9), Mag (State or country)	Centys atroselvos prorx
13. NAME Explorain P. Grace	
I Col	7939
14. BIRTHPLACE (city or town) Maryland (?) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?Vo
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Street or control of the city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[6] I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, I9
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT D'Ysery, L. Frace Cao. (Address) 258 W. Baltmore 34., B.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF PEMOVAL Place Put Olivery Date 0/2/3	Manner of injury Nature of Injury
19. UNDERTAKER Harry Ha Witzle	24. Was disease or injury in any way related to occupation of deceased?
(Address) 4101 6 domondo any	If so, specify
20. FILED Det. 9, 1936 affarry Neer	(Signed) A, Muly Bouton - M.D.
Registra	(Address) Sproffed St. Hoop, Spearille

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased liad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	ji	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis NOV 6 1998	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

fallstones		May 1,1923	Gastrocnteritis	1 year
	A DOMINON A C	DAGE BOD BYDEN	DD GT A THE WINDS DV DVVV GV GV	AN
	ADDITIONAL S	PACE FOR FURTH	ER STATEMENTS BY PHYSICL	AN

PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WING UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

2. FULL NAME (a) Residence: No. (Chaile for the second in city or form where death gocurred. (b) Residence: No. (Chaile for a second in city or form where death gocurred. (c) Residence: No. (c) Reside	STATE OF MARYLAND	O-CERTIFICATE OF DEATH
Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Village or City. Vis. Leepth of residence in city or town where death geoured. Vis. Village or City. Village or Cit	1. PLACE OF DEATH	(22-0)
Length of residence in city or fown where death occurred by the control in a kurpital or institution, give in NAME instants of steet and number) 2. FULL NAME (a) Residence: No. (Unial pince of shock) (b) A september of the control of the cont	County Canally	Registration Dist. No.
Length of residence in city or town where death geoured yrs. most dis. How long in U.S. if of foreign birth? Ward. 2. FULL NAME (a) Residence: No. (Unsal piece of above) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Village or City Well Wounds	
2. FULL NAME (a) Residence: No. (Usus place of abode) (Note place) (Note pla	Length of residence in city or town where death occurredyrs	
(a) Residence: No. (Usus) piece of abode PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARNESPY WIDOWED, OR DUYONCED STATE OF DEATH 3. SEX (SOLOR OR RACE) S. SINGLE, MARNESPY WIDOWED, OR DUYONCED STATE OF DEATH 21. DATE OF DEATH 22. LI HE RE REY CERT IFY, Jbg. I elteraded degreesed from Solution of the detected above, at Jo. 9, fm. To see the security of the detection of the detectio	(100110)1t. 10	- Laise
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Sa. If married, widowed, & diversed Husband or (Month)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH (month, day, and yeer) 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS then I day, and yeer on the date stated above, at 19, 22,	5a. If married, widowed, or diversed	October 19th 1936
7. AGE Years Months Days If LESS then I day	HUSBAND OF	22. Saptember 12, 1935 to October 1912, 1934
8. Trede, profession, or perticular kind of work dome, es SPINNER SANYER, BOAKEPER, etc. 10. Dete deceased last worked at this occupation (month end year) 10. Dete deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or equinty) 17. INFORMANT (State or equinty) 17. INFORMANT (State or equinty) 18. BURIAL, CREMATION, OR REMOVAL Piece Date of Deceased? 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILLE A Country (Signed) Manner of Injury Name of occupation in any way related to occupation of deceased? Manner of Injury Name of Injury (Signed) Manner of Injury Nature of injury Nature	6. DATE OF BIRTH (month, day, end yeer)	86 4 last sew h. lov. alive on October 19#, 1926; deeth is said
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltinore, Requesting U. S. No. 1.		The appropriate

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

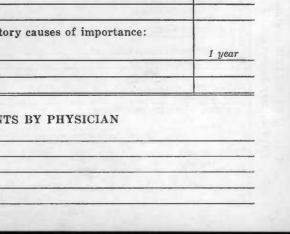
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter,

machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis / E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I'm Mo, Deg		A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

1. PLACE OF DEATH County	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1021	9
Village or City No. (If death occurred in a hospital or insitution, give its NAME instead of street and number) Length of residence in city or town where death occurred. Yrs. (mos. ds. How long in U.S. if of foreign birth? (J. yrs. mos. ds. How long in U.S. if of the object of the ward of the unit of U.S. if of the object of U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of the U.S. if of U.S. i	E OF DEATH	950	4
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Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RKCE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Committee the yord of or wife of a power of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of yorded of york wife of a york was done, as SILK MILL, SAMYER, BOOKKEEPER, etc. 8. Trade, profession, or particular of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of the yord of yorded of the yord of yorded of the yord of yorded of yorded of the yord of yorded of y		NoSt	_Ward
2. FULL NAME (a) Residence: No. (Ujual place of abode) St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRID, WIDOWED, OR DIVORCED (curric the word) 5a. If married, widowed, or divorced Hospital and State 1. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Year Mosth's 1. Tade, profession, or particular of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short of the word ones, as SPINNER, short ones, as so lolows: 8. Trade, profession, or particular the stated above, at 1. 1. Total time (years) as so lolows: 9. Industry or business in which the stated above, at 1. 2. Industry or business in which the stated above, at 1. 2. Industry or business in which the stated above, at 1. 2. Industry or business in which the stated above, at 1. 2. Industry or business in which the stated above, at 1. 2. Industry or business in which the stated above, at 1. 3. Industry or business in which the stated above, at 1. 3. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 3. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stated above, at 1. 4. 2. Industry or business in the stat	/ /		
(a) Residence: No	000.00.	Sampton	
PERSONAL AND STAYSTICAL PARTICULARS 3. SEX. 4. COLOR OR RCE. 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the world) 5a. If married, widowed, or divorced (World) 193. 6. DATE OF BIRTH (month, day, and year) 107. AGE 108. 109. 1	ON	C. Ward	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word) OR DIVORCED (write the word) 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) (Month) (Day) (Yei HER EBY CERT IFY, That I stended deceased HUSSAND of John Color of Joh			
Sa. H married, widowed, or divorced Husband of (or) Wife	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HUSBAND of Cory WIFE of Cory WI	le Publice OR DIVORCED (varie the word)	(C) 3 193	6 (ear)
6. DATE OF BIRTH (month, day, and year) Flatly 9, 86 7. AGE Years Months Days If LESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, saw Mill, BANK, etc. 9. Industry or business in which work was done, as SPINNER, saw Mill, BANK, etc. 10. Date daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Julian Yampton 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Lange 11. Town James 12. James 12. James 13. James 14. James 14. James 14. James 15. Maiden, and a sile on 10. 2. James 15. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Maiden, and a sile on 10. 2. James 15. Jame	widowed, or divorced D of Leturale Hampton	VIII. 3 .21 Octobe 3	3 -
To have occurred on the date stated above, at /. H.O.P.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of Importance were	EIRTH (month day and year) Lealy 9, 12-66	10-2-26	
B. Trade, profession, or particular were as follows: Were as foll	Years Months Days If LESS than	1.11	
8. Trade, profession, or particular kind of work done, as SPINNER, Stam Engineer 9. Industry or business in which work was done, as SIEK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. Trade, profession, or particular in the sundance of the state of the s		wara as follows:	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. Other Contributory Causes of importance: 19. Manual Contributory Causes of importance: 19. Manual Contributory Causes of importance: 19. Manual Contributory Causes of importance: 19. Manual Contributory Causes of importance: 19. Manual Contributory Causes of importance: 19. Manual Contributory Causes of importance: 10. Where of operation. What test confirmed diagnosis? 20. Was there an au'opsy? 21. Manual Contributory Causes of importance: 10. Manual Contributory Causes of importance: 11. Manual Contributory Causes of importance: 12. Manual Contributory Causes of importance: 13. Name 14. BIRTHPLACE (city or town) What test confirmed diagnosis? 22. Manual Contributory Causes of importance: 14. BIRTHPLACE (city or town) What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in also tha following: Accidant, suicide, or homicide? 17. INFDRMANT Accidant, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		Brelige Generalise 10.	2-3
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. MAIDEN 18. MAIDEN 19. Occupation Other Contributory Causes of importance: What confirmed diagnosis? Was there an au'opsy? Accidant, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	ork was done, as SILK MILL,	0	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BIRTHPLACE (city or town) (State or country) 19. What test confirmed diagnosis? 20. What test confirmed diagnosis? 21. If death was due to external causes (VIOL ENCE) fill in also tha following: 22. Accidant, suicide, or homicide? 23. If death was due to external causes (VIOL ENCE) fill in also tha following: 24. Where did injury occur? (Specify city or town, county and State) 25. Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	is occupation (month and spent in this		
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accidant, suicide, or homicide? Date of Injury, 19. Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		11 10 11	J
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accidant, suicide, or homicide? Date of Injury, 19. Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	William Hampton		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accidant, suicide, or homicide? Whera did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		00	, m
Whera did injury occur? (Specify city or town, county and State) 17. INFDRMANT Learne (Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	EN NAME Sarah / Pary		
Whera did injury occur? (Specify city or town, county and State) 17. INFDRMANT Learne (Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	PLACE (city or town)	Accidant, suicide, or homicide?, 1	9
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	tata or country) cnyland		
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Canall Co. Mid. Menner of Injury		Menner of Injury	
Place Daust Church Com Date Oct 6 , 19.36 Nature of injury	Date OF 6 ,1936	Nature of injury	
19. UNDERTAKER A Little Y Son 24. Was disease or injury In any way related to occupation of deceased? (Address) Littlestown PA. Per P. A.L., If so, specify A.L.			
20. FILED Oct 4, 19 36 Margaret R. Euglas (Signed) Life Mr. Carles Und.	Many 19 19 1 Constant I was and		M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

MARGIN RESERVED FOR BINDING

V. S. No. 1 ğ of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

Mary land Will	berculosis Sanatorium	. 5
1. PLACE OF DEATH	ored Branch	U
County Carroll	Registration Dist. No. 74	
Village or City Henryton, Maryland.	No. St Wa	ırd
Length of residence in city or town where death occurredyr	(If death occurred in a hospital or institution, give its NAME instead of street and number) yrs. 7 mos. 3 ds. How long in U.S. If of foreign birth? XXXXXX mos	ds.
2. FULL NAME George Evans Hopki		
(a) Residence: No. Mount Airy, Carro	oll Co., Maryland.	
(Usual place of about		-
PERSONAL AND STATISTICAL PARTICUL		
Male Colored 5. SINGLE, MARRIED, OR DIVORCED (2011) Married	Orte the word) 21. DATE OF DEATH Oct., 21, 1936 (Month) (Day) (Year)	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Hopkins	s 22. HEREBY CERTIFY. That attended deceased from March 18, 1935	om
NOV. 14, 1		
DATE OF BIRTH (month, day, and yeer)	If LESS than to have occurred on the date stated above, at 1.30 Am. M.	aru
	day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arade, profession, or particular kind of work done, as SPINNER, Laborer	Pulmonary Tuberculosis Aug.	
= anii ten, bookneeren, etc.	1934	
Nandustry or business in which work was done, as SILK MILL,		
SAW MILL, BANK, etc	(years)	
this occupation (month and Unspent In it	VII 200-1-0-1-0-1	
12. BIRTHPLACE (city or town) Mt. Airy,	Other Contributory Causes of importance:	
(State or country) Maryland.		
13. NAME Aubury Hopkins		
14. BIRTHPLACE (city or town) Bartholow,	Name of operation Date of	=
(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy? N	0
15. MAIDEN NAME Emily Grayham,	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Mount Airy,	Accident, suicide, or homicide? Date of injury19	
(State or country) Maryland.	Where did injury occur? (Specify city or town, county and State)	
17. (NFORMANT John E. O'Neill, M. D. (Address) Henryton, Maryland.	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.	
18. BURIAL, CREMATION, OB REMOVAL Place Men Museum Date OC, 24	Manner of injury ————————————————————————————————————	
19. UNDERTAKER H. My Swylin	24. Was disease or injury in any way related to occupation of deceased? NO	
(Address) Mit German	1 (Single) May M ("O) Messel, w	
20. FILED 10/21/36 Deputy Local	Registrar. (Address) Henryton, Md.	. D
/ Dopad Doda	victions.	

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

1

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage uly 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

		F MAR	YLAND-	CERTIFICATE OF DEATH	1214
1. PLACE OF DE				46-8	10
County Ca				Registration Dist. No. Q	
Village or City_R	.D.#2 Sy	kesvill	e Md.	No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in	city or town where	death occurred		death occurred in a horpital or institution, give its IVAIVIE instead of street andds. How long in U.S. if of foreign birth?yrsrr	
2. FULL NAME	Ellen V	. Horto	n	If U.S. Veteran specify WAR.	
(a) Residence: No.	Daniel	. Md . (Usual place	of abode)	St., Ward. Carrell Co	d State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female W	or or race		RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH Oct. 11, (Day)	., 193 6 (Year)
5a. If married, widowed, or di HUSBAND of (or) WIFE of		eph B.	Horton	22. I HEREBY CERTIFY. That I ettended	deceased from
6. DATE OF BIRTH (month,	lay, and year) Se	pt. 7.	1868	1 lest saw h_la alive on_ O-L	; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date steted above, et 2m.	
68	1	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or kind of work don SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BANK 10. Date deceased last withis occupation (nyear)	in which s SILK MILL, ,, etc rorked at ronth and	11. Total t spe oca	ewife ime (years) nt in this upation	Other Contributory Causes of importance:	1935
12. BIRTHPLACE (city or tow (State or country)		Md	•	milastra la livis	1936
13. NAME Wal	achi Mil			S P	
13. NAME Mal 14. BIRTHPLACE (city or (State or country)	tonn/	to. Co.	Md.	Name of operation Oxplesatory Saperotry Date of L. Whet test confirmed diagnosis? Westhere an	lug, 1936 autopsy? 20.
15. MAIDEN NAME	- U	Gosnell		23. If death was due to external causes (VIOLENCE) fill in also the following	g:
15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)	town) Frede	rick Co	Md.	Accident, suicide, or homicide? Date of injury Where did Injury occur?	
17. INFORMANT Mr. (Address) R.D.	Joseph H #2 Sykes		n Md.	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR Place Morgan	ChapelCe	emty Oct	· 14, ₁₉ 36	Manner of injury	
19. UNDERTAKER	infield	altz Ma.		24. Was disease or injury in eny way related to occupation of deceased?	3549
20. FILED Oct 13	,36 Eds	ya M.	Head ett.	(Signed) Thanly Grabell Mariny, M.J.	M. D.
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. J.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 10 1938	July 5,1927	Peritonitis	3 days ago	
THE V. S.		3		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis '	1 year	
		•		
		•		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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D. Every item of infor-

PHYSICIANS should state

Exact statement of OCCUPA-

AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important. N. B.-WRITE PLAI

V. S. No. 1

		ST	ATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	9
:	1. PLACE OF	F DEATH	Mar	yland I	uberculo.	sis Sanatorium 23	
	County	Carro				anch Registration Dist. No. 74	
	Village or Ci	ity Hen	ryton	, Maryla	nd.	NoSt.,	_Ward
	Length of resid	dence in city o	r town where	death occurredC	yrs. O mos.	. 16 ds. How long in U.S. if of foreign birth? XXXXX mos.	ds.
	2. FULL NAM	ME Le	onard	Gay Joh	nson	If U. S. Veteran, specify WAR None	
	(a) Residence	ce: No. 21	44 Div	vision S		imere, Mord	
50000				(Usual place		If nonresident give city or town and State	
2	SEX	4. COLOR O		CAL PARTI	CULARS RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
1	Male	Colo	red		D (write the word)	Oct., 28, 1936 ₁₉₃	ear)
5a.	if married, widowe HUSBAND of (or) WIFE of	ed, or divorced		Mary J	ohnson	22. I HEREBY CERTIFY, That I attended decease Oct., 12, 1956 to Oct., 28, 4	
	DATE OF BIRTH (month day an	dwar Me	arch 11,	1900	im Oct 27 1036	h is said
_	AGE Year		Months	Deys	If LESS than	to heve occurred on the date stated above, at 1.40 A.M.	13 3414
	36	3	7	17	1 dey hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
z	& Trade, profess	sion, or pertic	ular	Tabana		- Date	ec.
OCCUPATION	SAWYER,	ork done, as S BOOKKEEPER		Labore	T.]	35
.UP/	work was SAW MILI	done, as SILK L, BANK, etc.	MILL,	Unknow	n		
000	10. Date decease		at	SD81	me (yeers) nt in this parOV/11		
12	. BIRTHPLACE (cil)	y or town)	Baltin	nore,		Other Contributory Causes of importance:	
~	(Stale or coun		Maryla				
FATHER	13. NAME	o OIIII	Johnso				
FAT	14. BIRTHPLACE (Stale or			field,		Name of operation	770
2	15. MAIDEN NAM	2.0	Burne	,		What test confirmed diagnosis? Was there an autopsy	?_IVQ
MOTHER			Heath	sville.		23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	6-
MC	16. BIRTHPLACE (State or			rinia '		Where did injury occur?	J
17	. INFORMANT			Weill, M	D.,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18	BURIAL, CREMATI	Henr		Marylan	111 01	Manner of Injury	
-	Place_M	T. Ju	burn	Dale Oct	3. 19.36	Neture of injury	
19	. UNDERTAKER	1 Jan 3	pal	E Kel	sur	24. Was disease or injury in any way related to occupation of deceased? NO	
20	FILED 10/2	8/36	Plan De	6 One	Cal Registrar.	(Signed) July C. Meell, Address) Henryton, Maryland.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1930	Vuly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	3,42,10,00		1 getti

		Garr	M					Registra	tion Dist. No.
1	Village	or City//_	estmo	nsles		(If death or	0	institution, give its N	AME instead of street and
	Length	of residence in cit	y or town where	death occurred	yrs.	mos	_ds. How long in U.	S. if of foreign birth	1?yrsm
	2. FULL	NAME	ohn 8	Harry V	me				
	(a) Re	sidence: No				St.	, Ward.	Trebis.	.,
-	PERS	SONAL AN	D STATIS		iace of abode)	-	MEDICA		ident give city or town and
2.	SEX	-	OR RACE	5. SINGLE, I	MARRIED, WIDOW RCED (write the w		DATE OF DEA		275
	. If merried,	widowed, or divor	ced lan					(month)	(Day)
	(or) WIFE	of of	H. 000			22.	ON 14 14		1 FY. Thet I attended
ei 6.	DATE OF B	RTH (month, day	and year)	1. 21	18	70 I last	saw have elive of	n oct -	7 18/
7.	AGE	Years	Months	Days	If LESS	han to ha	ve occurred on the date		1-30 ffm.
certificate		66	3	6	1 day,m		RINCIPAL CAUSE OF	DEATH end related	causes of importance
	8. Trade, kin	profession, or pa d of work done,	S SPINNER.	8 . 1			al	musely !	interested
	9. redusti	WYER, BDDKKEE y or business in		Janes.	war				
back CUPA	SA SA	y or business in k was done, es S W MILL, BANK, e		oultyRe	medies				
0	this	eceased last work occupation (non	th and	3.6 11. To	tal time (years) spent in this occupation				М. Н.
instructions IER 21		r)Cogin	1.4	1	octupation _222	Other	Contributory Causes	f importance:	
12 nCt		CE (city or town), r country)	HI	Nestoria	7				
nstr ER	13. NAME(undre	w lo	ne					
See insi	14. BIRTHI	LACE (city or to	vn) (nv			Name	of operation		Dete of
	(St	ate or country)	1 a	. •		What	test confirmed diagnos	is?	Was there an
Important.	15. MAIDE	N NAME -	- A	aral	Baker				CE) fill in elso the followin
MOT		PLACE (city or to ate or country)	vn) VVV ·	Monk	lon, Pal	1			Date of injury
E		hero Ma	21. 4. Il.	L. A 1	mass.		e did injury occur?	(Specify c	ity or town, county and Sta
17.	. INFORMAN) (Addres		ig itriceri	Tellar y	mil.	Speci	ly whether injury occu	ired in INDUSTRY,	In HDME, or in PUBLIC PL
18.	BURIAL, CR	EMATION, OR R	MOVAL /	ent- /a	:/ 2 =	Mari	er-of injury		
	Place	adovor	anero	Date	21. 30 ,1	Natur	re of Injury	· Par Paris	
19	. UNDERTAK	are managed and are a	and of	don		24. Wa	disease or injury in	any way related to	occupation of deceased?
	(Addres	s) West	mingsty	17/	nd.		specify	1. 11	to the
20	FILED	422	9/10/	nec	Ulle		(Signed)	Mangg)1	Carl Jan

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	3 Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 6 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Cord. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E A UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WE

V. S. No. 1 N. B.—

		OF MAR	YLAND-	CERTIFICATE OF DEATH	0217
1. PLACE O				<u></u>	2
	Carroll			Registration Dist. No.	
Village or (city Mt. Airy	, Md.		No. St.,	Ward
Langth of ras	idenca In city or town whera	death occurred 12	yrsmos	f death occurred in a hospital or institution, give its NAME instead of street as ds. How long in U.S. if of foraign birth?yrs	mosds.
2. FULL NA		e V. Kel	ley		
(a) Resider	nce: No. Mt . A.	iry, Md. (Usual place	of abode)	St., Ward. If nonresident give city or town a	and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word) O d	21. DATE OF DEATH Ogt. 5th (Month)	, 193_6 (Year)
5a. If marriad, widov HUSBAND of (or) WIFE of	vad, or divorcad Raymon	nd E. Ke	lley	22. Och HEREBY CERTIFY, That I attand	ed deceased from
6. DATE OF BIRTH	(month, day, end year) O	st. 8. 1	874	I last saw h AN alive on Och 4 , 1930	_; death is sald
7. AGE Yes	ars Months	Days 27	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 3:30A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profe	ssion, or particular work dona, as SPINNER, H , BOOKKEEPER, etc.		ormin.	Were as follows: Liabetro Melliliso Chr. nekhritis	Date of onset 1926
9. Industry or	businass In which s dona, as SILK MILL,			Chr. muorarditis	?
SAW MII	LL, BANK, etced last worked at	1 11 7-4-14		Chr. Hypertension	خ
this occu	petion (month and	sper	ime (years) nt in this upation	0"	
12. BIRTHPLACE (ci	-,	erick Co		Other Contributory Causes of importance: Cha Cardian Seconfusation	1935
1	**	inger		6hr. Uremia	1935
E	Face	erick Co			
14. BIRTHPLACE (Stata or	country)	Md.	•	Name of operation	1 111
15. MAIDEN NA	ME Julia A	. Hartso	ok	What tast confirmed diagnosis? Wes there a 23. If death was due to axternal causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE	(city or town) Carro			Accident, suicida, or homicida? Date of injury Whare did injury occur?	
	Raymond Mt. Airy		у	(Specify city or town, county and S Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC	itale) PLACE.
18. BURIAL, CREMAT	nor REMOVAL	Date Oct	.7, 1936	Mannar of injury	
19. UNDERTAKER(Address)	6 M. H. Winfie	alle Man		24. Was disease or injury in eny way related to occupation of dacaasad? If so, specify	ho
20. FILED	6 ,1936 Th	n D Hu	y dev Registrar.	(Signad) Slauly Trabell (Addrass) Many, M	M. D
	If more	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	t	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WOV 6 1936		A. E. I. I. I. I. I. I. I. I. I. I. I. I. I.		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDING

RESERVED

MARGIN

S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gattstones	May 1,1923	Gastroenteritis	1 year

m of infor-	hould state	OCCUPA-	\
. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ENT	LLY. PH	ed. Exact	
PERMANI	EXAC	rly classifie	ate.
THIS IS A	I be stated	y be prope	k of certific
IG INK-T	AGE should	that it may	ons on back
UNFADIN	supplied. A	terms, so	e instruction
LY, WITH	carefully	TH in plair	portant. S.
FE PLAIN	e should be	E OF DEA	is very im
. BWRI	mation	YGAUS)	TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH		(13)
County Carol		Registration Dist. No. 75
Village or City		ND. St. Ward
Length of residence In city or town where deep		(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catharin	e Hostetter Kr	118 If U. S. Veteran, specify WAR
(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5 Fenale White 5a. If married, widowed, or divorced HUSBAND of	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Samuel Krug		22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) NOV	. 20, 1859	I last saw h. L. alive on Oct 3 , 1936; death is said
7. AGE Years Months 76 10	Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, et 4 - 15 - 16 M The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	OUSE Wife 11. Total time (years) spent in this	mitral Disufficiency
12. BIRTHPLACE (city or town) Penna (State or country)	occupation	Dther Contributory Causes of importance: Outline Delivery Chronic Deflutes
E 13. NAME Jacob Hostet	ter	
13. NAME Jacob Hostet 14. BIRTHPLACE (city or town) (Stale or country) Penna		Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
TI 15. MAIDEN NAME	eikert	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 1 Pennal	•	Accident, suicide, or homicide?
17. INFORMANT Samuel Krug		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Hostetter Churc	b. 10/6/1936	Manner of Injury
19. UNDERTAKER G. W. Geiple & (Address) Glen Rock. Pe	R.D. Son.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Oct. 4 1936 1918 9	Registrar.	(Signed) Welliam RT Whinh M. D (Address) Wandleton M. D

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Example I E D	[]	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 1930	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	12491,1000	Castr Control total	-			1 gear
ADDITIONAL SPACE FO	R FURTH	ER STATEMENTS	BY PHY	SICIAN		
			0		0 4	
			2	2		

V. S. No. 1

STATE O	F MARY	'LAND-	CERTIFICATE OF DEATH	10220
1. PLACE OF DEATH TRIN COOR	Pains.		920	7/
County Carroll	CHAIL	0.00	Registration Dist.	No. / (2
Village or City Westminst	er, Md.		NO.	St., Ward
Langth of residence in city or town where de	ath occurred		death occurred in a hospital or institution, give its NAME inste ds. How long In U.S. If of foreign birth?	
2. FULL NAME Charles	Matthe	NS	If U. S. Veteran, Specify WAR	
(a) Residence: No. 64 W. Gr	eene St (Usual place o		St., Ward. If nonresident give c	ity or town and State
PERSONAL AND STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF	DEATH
Male Colored	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH Oct. 20, (Month)	, 19 .6 (Oay) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane E.	Matthews	3	22. I HEREBY CERTIFY, TO	That Jettended deceased from
6. DATE OF BIRTH (month, day, and year) Ap.	ril 10.	1876	i last saw harm alive on Off	, 1936, death is said
7. AGE Yeers Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date steted above, at 1:20A	m.
60 6	10	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of i	Mportance Oate of onset
Trade, profession, or particular kind of work done, es SPINNER, L. SAWYER, BOOKKEEPER, etc.	shonen		acute Carde	ac 1936
a landustry or husiness in which	MUOT OT		Na Callana	04/4.
work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Data deceased last worked at this occupation (month and year)	11. Total tin spen occup	ne (years) I In this pation		
12. BIRTHPLACE (city or town) Carrol (Stata or country)	l Co.	• • • • • • • • • • • • • • • • • • • •	Other Contributory Causes of importance:	ie 1935
TI 13. NAME UNKNUM				
13. NAME Unknum 14. BIRTHPLACE (city or town) Unknum (State or country)	DOWN		Name of operation	Dete of
IS. MAIOEN NAME Ella Fra	anklin		23. If death was due to external causes (VIOL ENCE) fill in a	
15. MAIOEN NAME Ella From 16. BIRTHPLACE (city or town). Carro.	11 Co.		Accident, suicide, or homicide? Date of	of Injury, 19
17. INFORMANT Mrs. Jane E. (Addrass) 64 W. Green	Matthe	78	Whera did Injury occur?	
18. BURIAL, CREMATION, OR REMOVAL PlacEllsworth Cemty			Manner of injury	
19. UNOERTAKER O. M.: (Address) Winfiel	I halt	^	24. Was disease or injury in any way releted to occupation If so, specify	of deceesed? MO
20. FILEO Oct - 2/., 1936 De	Hus	Registrar.	(Signed) Chab P you (Address) Weaking	the way

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis,	1921	Run over by street car	1 week ago	
Cercbral hemorrhage NOV 6 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1-year	
		, , , , , , , , , , , , , , , , , , ,		

MARGIN RESERVED FOR BINDING

STATE	OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH
OITTL		MIVIT	MIND		/ L L		DLAII

-1	0	43	63	1
- 5	9 3	100	150	- 8
3	U	441	24	16

1	. PLACE OF DI	EATH	Mary		erculosis Sanatorium	7 6 70 3.
	County Car	roll		CoTo	red Branch (23) Registration Dist. No. 74	
	Village or City_H	enryton.	Marylar	ıd	No. (above) st	Ward
				(If	death occurred in a hospital or institution, give its NAME instead of street and nur 22 ds. How long in U.S. If of foreign birth?	ber)
	. FULL NAME				If U. S. Veteran, specify WAR	
-	(a) Residence. No	. Upper H	(Usual place	of abode)	. StMd. Ward. If nonresident give city or town and Sta	te
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		olor or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 18, 193	6
5a.	If married, widowed, or		DIII.	.6	(Month) (Day)	(Year)
	HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, That I ettended dec	eased from
					Aug., 26, 1936, ,, Oct., 18, 19	₹136
_	DATE OF BIRTH (month	, day, and year) Ji	ine 16,	1900	1 last saw h.im. alive on Oct., 18, 19369; d	eath is said
7.	AGE Years	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date steted above, et 6 • 30 A • M •	
	36	4	2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
NO	Trade, profession, o	COLUMNICO	Tahanan		Pulmonary Tuberculosis	
T	SAWYER, BOOK		Laborer			
UP/	work was done, SAW MILL, BAI	as SILK MILL. T	Jnknown			Dec.
OCCUPATION	30.77		11. Total t	ime (years)		1934
	year)	worked at (month and Unkno	OWIL Spe	nt in this Unkno		
12	BIRTHPLACE (city or to	Unner	r Hill		Other Coutributory Causes of importance:	
14	(State or country)	Mary				
ER	13. NAME	Rober	rt Moore	9		
FATHER	14. BIRTHPLACE (city	or town) Rale:	igh		Name of operationOate of	
_	(State or count)	y) North	n Carol	na	What test confirmed diegnosis? Was there an euto	psy2NQ
MOTHER	15. MAIOEN NAME	Harr	iett Joh	nnson	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O	16. BIRTHPLACE (city	or town) Upper	r Hill		Accident, suicide, or homicide? Date of injury	_, 19
Σ	(Stete or count	w) Mary	land		Where did injury occur? (Specify city or town, county and State)	
17.	INFORMANT Joh (Address) Hen	n E. O'Ne	eill. M. aryland	D.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
18	BURIAL, CREMATION, C		4	1	Manner of injury	
	Place Flat	mous	DateCT_	120136	Neture of injury	
19	UNOERTAKER (Address)	Kas	4 wo	and	24. Was disease or injury in eny way related to occupation of deceased? No)
20	FILED 10/18/3		V Local	Registrar.	(Signed) (Address) Henryton, Maryland.	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•	71.00			
		A		

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—V

1. PLACE OF DEATH County Count	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0999
Village or City Middlebutta (II death occurred in a hospital or institution, give its NAME instead of steed and number) Length of residence in city or town where death occurred in a hospital or institution, give its NAME instead of steed and number) 2. FULL NAME // No.	1. PLACE OF DEATH	92:0	VUIL
Length of residence in city or town where death coordined	County Carroll	Registration Dist. No.	7
2. FULL NAME NO. (Usual place of abode) St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Village or City Middlebura	NoSt. /	Ward
2. FULL NAME (a) Residence: No. (Usual place of aboda) St. Ward. Innomendent give city or town and State			
(a) Residence: No. (Clust place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARKED, WIDOWED, OR DIVORCED (which the word) OR DIVORCED (which the word) OR DIVORCED (which the word) 5.6. If married, widowed, or diversed (cry by lef of cry by left of cr	00 % 11	mo	sds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORCED (curic the word) WIDSANO OR HUSBAND OF diverced HUSBAND OF PERTH (month, day, end year) 5. DATE OF PIRTH (month, day, end year) 10 Days decessed last worked at SAWER, BOOKKEPER, etc. 11 Date of DEATH on the destated ebove, et. 12. DATE OF DEATH and related crusses of importance were as follows: 12. DATE OF PIRTH (month, day, end year) 13. Trade, profession, or particular 14. Date of Pirth (month, day, end year) 15. MARKER, BOOKKEPER, etc. 16. SAWER, BOOKKEPER, etc. 17. India time (years) 18. Trade, profession, or particular 19. Industry or business in which work was done, as SLIK MILL, SAW WILL, BAIN, etc. 11. Total time (years) 12. BIRTHPLACE (city or town) 13. ANAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. Trade, profession, or particular 18. Trade or country) 19. MAIDEN NAME 19. MAI	2. FULL NAME / Www. Omily W. Karris	~~~~~	
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3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVOKCED (write the word) 59. If married, widowed, or divorced (widowed) 60. DATE OF BIRTH (month, day, end year) 61. DATE OF BIRTH (month, day, end year) 62. DATE OF BIRTH (month, day, end year) 63. DATE OF BIRTH (month, day, end year) 64. DATE OF BIRTH (month, day, end year) 65. DATE OF BIRTH (month, day, end year) 66. DATE OF BIRTH (month, day, end year) 67. AGE 78. Years 89. Days 18 LESS than 1 days			State
Se. If married, wildowed, or divorced HUSBANO OF DIVORCED (write the word) WARNO HUSBANO OF COTON WIFE OF Se. If married, wildowed, or divorced HUSBANO OF COTON WIFE OF S. ATE OF BIRTH (month, day, end year) OF DATE OF BIRTH (month, day, end ye			
56. DATE OF BIRTH (month, day, end year) Aug 14/8 43 7. ACE Yeers Months Deys IT LESS than I day,	OR DIVORCED (write the word)	Ocr. 14	, 193
HUSBANO of (or) WIFE of JAMA (3 NOVULS) 6. DATE OF BIRTH (month, day, end year) AUG (14/8 43) 7. AGE Yeers Months Deys If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particuler kind of work done, es SPINNER. AGAILLY SAWYER, BOOKKEPER, etcmin. 9. Industry or business in which work was done, es SILK MILL, SAWWER, BOOKKEPER, etc		(Month) (Day)	(Yeer)
TAGE Yeers Months Jay If LESS than I day	HUSBANO of	22. 1 HEREBY CERTIFY. Thet I ettended	deceased from
TAGE Yeers Months Jay If LESS than I day	6 DATE OF BIRTH (month day and year) Qua 14,1843	Hast saw be elive on Dev / 4 1936	· death is said
8. Trade, profession, or particular kind of work done, as SPINNER, Haudward kind of work done, as SPINNER, Haudward kind of work done, as SPINNER, Haudward kind of work was done, as SILK MILL, BANGER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW WILL, BANGER, etc. 10. Date deceased last worked at spent in this occupation month and years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME ALL DATE (City or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME ALL DATE (City or town) (State or country) 17. INFORMANT ALL DATE (City or town) (State or country) 18. BURIAL, PREMATION, OR REMOVAL ALL DATE (Address) 18. BURIAL, PREMATION, OR REMOVAL ALL DATE (Address) 19. UNORRIAKER 19. UNORRIAKER 19. INFORMANT ALL DATE (City or town, country and State) 19. UNORRIAKER 19. UNORRIAKER 19. INFORMANT ALL DATE (Address) 19. UNORRIAKER 19. INFORMANT ALL DATE (City or town, country and State) 19. UNORRIAKER 19. INFORMANT ALL DATE (CITY or town, country and State) 19. UNORRIAKER 19. INFORMANT ALL DATE (CITY or town, country and State) 19. UNORRIAKER 19. INFORMANT ALL DATE (CITY or town, country and State) 19. UNORRIAKER 19. INFORMANT ALL DATE (CITY or town, country and State) 19. UNORRIAKER 19. UNORRIAKER 19. UNORRIAKER 19. INFORMANT ALL DATE (CITY or town, country and State) 19. UNORRIAKER 19. UNORRIAKER 19. UNORRIAKER 19. INFORMANT ALL DATE (CITY or town, country and State) 19. UNORRIAKER 19. UNORRIA			, 400411 13 3014
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(Specify city or town, county and State) 17. INFORMANT WORK Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Plectured in INOUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 19. UNOERTAKER (Address) 24. Was disease or injury In eny wey releted to occupetion of deceased? 16. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of injury 19. UNOERTAKER (Address) 16. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (State of County and	15 MAIDEN NAME AREA 10 Name		
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(Address) 18. BURIAL, CREMATION, OR REMOVAL Plec WALL Subject 17, 1986 Nenner of injury Nature of injury 19. UNOERTAKER (Address) 24. Was disease or injury In eny wey releted to occupetion of deceased? 24. Was disease or injury In eny wey releted to occupetion of deceased? 25. 1936 16 Pals Abeller (Signed) 17. 1986 (Signed) 18. Deller M. D.	Mus Bohn y 9. Walden	(Specify city or town, county and State	c)
Plecture of injury 19. UNOERTAKER Control of deceased? 19. UNOERTAKER CONTROL of deceased? 19. UNOERTAKER CONTROL of deceased? 19. UNOERTAKER CONTROL of deceased? 19. UNOERTAKER CONTROL of deceased? 19. UNOERTAKER CONTROL of deceased? 19. UNOERTAKER CONTROL of deceased? 19. UNOERTAKER CONTROL of deceased? 19. UNOERTAKER CONTROL of deceased? 19. UNOERTAKER CONTROL of de			
19. UNDERTAKER COLUMN 24. Was disease or injury In eny wey releted to occupetion of deceased? 24. Was disease or injury In eny wey releted to occupetion of deceased? If so, specify (Signed) J. May D. M. D. (Signed) J. M. D.	18. BURIAL, CREMATION, OR REMOVALY , 24 d And In	Menner of injury	
(Address) Oan W. W If so, specify 20. FILEO Oct. 155, 1936 Mis. Mas S. Diller (Signed) J. C. Land A. Diller (M. D.	Plectumn 1 2 mg/ Otte 29.1/, 1986	Nature of injury	
(Address) Oan W. W If so, specify 20. FILEO Oct. 155, 1936 Mis. Mas S. Diller (Signed) J. C. Land A. Diller (M. D.	19 INDERTAKER CONTURNED	24. Was diseese or injury In eny wey releted to occupetion of deceased?	CO
20. FILEO WOR - 12 , 1900 flato Must be a little			
Registrar. (Address) Delour 2nd	20 51150 Oct. 15 1036 Mas (Mas 1 A Then	(Signed) JENGULD K Deller	M. D.
	Registrat.	(Address) Delour 200	

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MON & 1820	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	DHVSICIAN
WINDITTOWN	DIACE	LOIL	T UIVIIIEIV	SIAILMENIS	DI	FRISICIAN

PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY, WI

N. B.-

TION is very important.

See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10223
1. PLACE OF DEATH	46.3
County Carroll	Registration Dist. No. 75
Village or City Manchester	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a nospital of institution, give its IVALVIE instead of street and number) ds. How long in U. S. If of foreign birth?yrsmosds.
2 FILL NAME English May	Read
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) July 5', 1973	I last saw here alive on Cotoler 1,136; death is said
7. AGE Years 2 3 3 Months Deys 16 If LESS than 1 day,	to have occurred on the date stated above, at
8 Trade profession or parcular // Od 11	were as ronows: Date of oneet
kind of work done/es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) bis occupation (month and C. S. Spant in this	Sarcoma of 24
work was done, as SILK MILL, Mauselwork	resso-peritorgal and.
ID. Date deceased last worked at this occupation (month and 1936) 11. Total time (years) spent in this occupation	
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country) Manual	· · · · · · · · · · · · · · · · · · ·
13. NAME le Marles lle Reed	
13. NAME Le Marles le Reed 14. BIRTHPLACE (city or town)	Name of operation Lagar 17 orang Date of June
(State of Country)	What test confirmed diagnoside was there an autopsy
15. MAIDEN NAME Ella 97 Falkent 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Paralles Research	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Wandleter W	
18. BURIAL, CREMATION, DR REMOVAL Place Manchester Indone Oct. 23, 1936	Manner of injury
19. UNDERTAKER Lacol Writes Lan	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Munclanta md	If so, specify
20. FILED Oct. 22, 1936 Mrs. A. A. S. Seme	(Signed) Janua C. Valle M. D. (Address) Large Teast Drug.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of cpilepsy	1 weck aga
Chronic interstitial nephritis BUDFAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Tuly5,1927	Peritonitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Cord. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. B.-WRITE PLAINLY, WY

V. S. No. 1

ż

1. PLACE OF DEATH	CERTIFICATE OF DEATH	224
County Carrall	Project time Diet Ata	0
	Registration Dist. No.	9
Village or Cityus Muddlebung	NDSt/,	Ward
Length of residence in city or town where death occurredyrsmos		
2. FULL NAME James albert M. A	Tinehart	
(a) Residence: No	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	1
M Widower	(Month) (Day)	, 193 (Year)
5a. If merried, wid wed or divorced HUSBAND of		
(or) WIFE of Ischelle Cenelias	22. I HEREBY CERTIFY. That I attended	deceased from
18 TT	7	: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 230 Dm.	; death is said
2 1 dey,hrs.*	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	were es follows:	Date of onset
kind of work done, es SPINNER SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this pocupation (month and this poc	Ostend allerous	10001/2
9. Industry or business in which	and the second	1421,
SAW MILL, BANK, etc		
appart in this	,	
year)	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)	Cerebral becommontage	Dey 19
13. NAME Chillicourd	0	1936
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there en a	utopsy?
15. MAIDEN NAME Culturous	23. If death wes due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	
17. INFORMAN / DASS 11 - S. Westwarts F. (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ČE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place M. S., Date Off . 22, 19 36	Nature of injury	
19. UNDERTAKER address Source	24. Was disease or injury in any way related to occupation of deceased?	200
(Address) Sanly Duy MD.	If so, specify	
20. FILED Oak. 20 1936 Mrs. Rhed A. Dilles	(Signed) Calquet 1 Deller	O M. D.
20. FILED (Cole d. D , 192.50 - / M.D. Yheal A. L. Willed Registrar.	(Address) Delay me	ex.

CTATE OF MADY AND CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: 3.	The second second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Cakleff	Registration Dist. No.
	No. Helical Ward Ward Ward (If death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in ofty or town where death occurredyrs6mc	osds. How long in U.S.If of foreign birth?yrsmosds
2. FULL NAME Calherene Rune	If U. S. Veteran, specify WAR
(a) Residence: No. 2 5 to La Labers (Usual place of abode)	Ward. / If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marking	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Cory WIFE of Leakage a. Review	1 HEREBY CERTIFY, That I attended declared from Marcel 3 1936 to Deleber 1 1936
6. DATE OF BIRTH (month, day, and year) Zan 32, 1894	Hast saw h L. A. alive on October 9 1936: death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.20 m.
41 10 18 I day,hrs	mare se follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Luber Cularis of The Lungo Directores
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month and year) beautiful file.	
12. BIRTHPLACE (city or town) Ballengar	Other Contributory Causes of importance:
(State or country) Makey Caud	Verleeverky Weinstellage 10-10
13. NAME Lacus E. Kelrag	
14. BIRTHPLACE (city or town) Balleuster (State or country) Many Lacet	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Catherile Cain	23. If death was due to external causes (VIOLENCE) fill in also the following:
Is DIRTURIACE (site as town) Cercuberland	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country) Makey Case	Where did injury occur?
17. INFORMANT Las feital Recards (Address) Ly besolls Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURDAL, GREMATION, OR REMOVAL DATE Set. 13, 19-31	Manner of injury
19. UNDERTAKER John Illish	24. Was disease or injury in any way releted to occupation of deceased?
20, FILED Del. 11 1936 a Harry Weer	(Signed) March M. Ces M.
Registrar.	(Address) Ly/Placelle / Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
800	PA		
Other contributory causes of importance:	, 9	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gostroenteritis	1 year
	3		

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Registro

If so, specify (Signed)

(Address)

(Day)

(Year)

Date of onaet

Was there an autopsy?

S. No. 1

(Address)

20. FILED.

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ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
1ay 1,1923	Gastroenteritis	1 year
	uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

PHYSICIANS should state of OCCUPA. Exact statement AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

10227

1. PLACE O	F DEATH M	laryland	Tubercul	Losis Sanato	orium	
County			Colored I	Branch 23	Registration Dist. No.	74
Village or Length of re	,		(N	No. death occurred in a hospital ds. How long in		St. Ward
2. FULL NA	ME Lottie nce: No. 605 N.		St., Ba		eteran, specify WAR None	
		(Usual place			If nonresident give city or	
-	NAL AND STATIST	ICAL PARTI	CULARS		AL CERTIFICATE OF DE	ATH
s. sex Female	4. COLOR OR RACE Colored	5. SINGLE, MARI OR DIVORCED Marri	RIED, WIDOWED. O (write the word) O C	21. DATE OF DEA	Oct., 2, 193	36 , 193 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	5a. If married, widowed, or divorced HUSBAND of			June 26, 1	EBY CERTIFY, That I	attended deceased from 2, 1936
7. AGE Ye	(month, day, and year) Mars Months 7 4	ay 18, 1 Days 14	909 If LESS than 1 day hrs. or min.	to have occurred on the di The PRINCIPAL CAUSE (e on Oct., 2, 1936 ate stated above, at 6.35 A.P. DF DEATH and related causes of importa	M •
kind of SAWYEI	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc. business in which as done, as SILK MILL, LL, BANK, etc.	Housewif		Pulmonary	Tuberculosis	Dato of orest. 1935
SAW MI 10: Date decea this occupear)	LL, BANK, etcsed last worked et upation (month endUnknown	II. Total ti	me (years) It in this parent	Other Cartellaton Consu	\$10	
12. BIRTHPLACE (city or town) Lynchburg, (State or country) Virginia,			Other Contributory Cause	of importance:		
III. NAME	eorge Harst					
(State o		rth Carc	lina.	Name of operation		Date of
15. MAIDEN NA	AME Lena Ru	cker,		23. If death was due to exte	ernal causes (ViOLENCE) fill in also the	following:
16. BIRTHPLAC	15. MAIDEN NAME Lena Rucker, 16. BIRTHPLACE (city or town) Unknown, (State or country) Virginia.				icide? Date of injur	
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md.				Specify whether injury occ	(Specify city or town, count curred in INDUSTRY, in HOME, or in PU	y and State) JBLIC PLACE.
18. BURIAL, CREMA		etters Oct	1 6 1936	Manner of injury		
19. UNDERTAKER (Address)	Saml III	These s	Y San	If so, specify	in any way related to occupation of dece	
20. FILED 10/2	and the second s	puty Loc	Call Registrar.	(Signed)	TT 312	elli M. D.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nophetitis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage NOV 8 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		.4	

If more blanks are needed, address State Registrar, \$411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

FOR BINDING

RESERVED

ARGIN

S. No. 1

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
(-)-1)	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
mug1,1550	and the second s	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

WHA UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

of OCCUPA-

Exact statement.

1. PLACE OF DEATH	107.70
County Carroll.	Registration Dist. No. 74
Village or City Spring field State Hospita	l, to Systesville, Md. St., Ward
Length of residence in city or fown where death occurred 28 yrs 8 mos.	9. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Michael Schneider	If U. S. Veteran, specify WAR
(a) Residence: No. Strickland (Usual place of abode)	St., Ward: Baltimore, Md., If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male. 4. COLOR OR RACE MR. DIVORCED (write the word) Wellowed.	21. DATE OF DEATH to ber 29, 1936, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of WMCNown .	22. HEREBY CERTIFY, That I attended deceased from 15, 1936, to UCA, 29, 1936.
6. DATE OF BIRTH (month, day, and year) UM Cnown,	I lasf saw h. im alive on Oct, 29, 1936; daafh is said
7. AGE Yaars Monfhs Days If LESS than	fo have occurred on the data stated above, at 9057 .m.
77(1) ? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work dona, as SPINNER, UNKnown , SAWYER, BOOKKEEPER, atc. The dustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lasf worked af this occupation doneth and spent in this spent in th	acute Broncho-Pneumonia 10/28/36
9. Industry or business in which work was done, as SILK MILL, Unknown.	
SAW MILL, BANK, etc.	
0 10. Oath deceased lasf worked af this occupation when year) 11. Tofal fime (years) 2 spent in this occupation coupation.	
	Other Contributory Causes of Importance:
12. BfRTHPLACE (cify or town) (State or country)	
13. NAME UMINOWN.	Name of oparation Date of
(Stata or country)	What test confirmed diagnosis? Physical Symptoms, Was there an autopsy?
15. MAIDEN NAME UNKNOWN ,	23. If deafh was due to exfernal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Dafe of injury19
(State of Country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Springfield Hospital Records, (Address) Sykesville, md.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION OR REMOVAL + Devel- 5 1 3	Manner of injury
Oate Oate 1936	Nafure of Injury
19. UNDERTAKER Hew alow July.	24. Was disease or injury in any way related to occupation of deceased? 720,
(Address) symmetrice met.	If so, specify
20. FILEO Och. 30 19 36 CHarry Heer	(Signed) 16 arry F. Buer, M.O.
Registrar.	(Address) Sipresville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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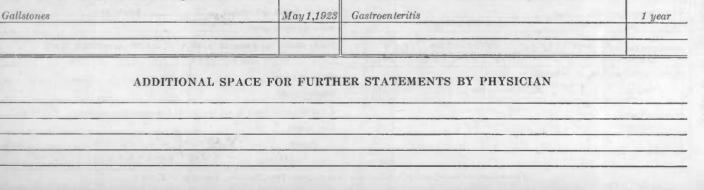
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	Example I	İ	Example II	
	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	as follows:	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MOA 9 1830	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



AGE should be stated EXACTLY.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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10000

1	PLACE OF	DEA	тн	Mary	and Tube	rculosis Sanatorium	40
	CountyCs	arro	1.1		Colore	d Branch 23 Registration Dist. No. 74	
				, Maryl	and	No. (above) St.	Ward
				leath occurred	(If	death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. if of foreign birth?yrsmos	(T)
2	FULL NAM	ne Ma	rgaret	Scott		If U. S. Veteran, specify WARNone	
	(a) Residence	e: No.8	14 N. E			orest, Md • Ward.	
				(Usual place		If nonresident give city or town and State	
3. 8				CAL PARTI		MEDICAL CERTIFICATE OF DEATH	
	Female	-	r or race lor ed	or plyores	(write tha word)	21. DATE OF DEATH October 8, 1936 (Month) (Day)	Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divo	rced			22. I HEREBY CERTIFY, That I attended deceased fro	
	- Canada		0	4 00	3005	Jan., 29, 1936, 6 October 8, 1	
6. I	GE Year		y, and year) Se Months	pt., 28	1905	I last saw her alive on Oct., 8, 1936.19 ; dea to have occurred on the data stated abova, at 10.15 mA.M.	th Is said
	31		0	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-1	8. Trada, profess	sion, or pa		1 10	ormin.	wera as follows: Pulmonary Tuberculosis	e of onset
9	sawyer,	ork done, BOOKKEE	as SPINNER, PER, etc	Domesti	c	•	
I Jundustry or business in which				Unknown		Au	g.
12	SAW MILI 10. Date decease	d last was	thad at		me (vears)	19	30
0	this occup	ation (mo	nth and Unkn	OWN Sper	me (years) it in this Unknow pation	n	
1.0	DIDTIED ACT (sile		Baltim	ore		Other Contributory Causes of importance:	
12.	State or coun		Maryla				
ER	13. NAME		John	Scott		•	
FATH	14. BIRTHPLACE	(city or to	wn Unkno	wn		Name of operation Date of	
	(Stata or		Virgi	nia		What tast confirmed diagnosis? Was there an autops	y? No
HER	15. MAIDEN NAM	1E	Eliza	beth Wr	en	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE	(city or to	wn) Unkno	wn		Accidant, suicide, or homicide?	19
2	(State or		Maryl			Where did Injury occur? (Specify city or town, county and State)	
17.	INFORMANT		E. O'N		. D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	(Address) BURIAL, CREMATI			ld.			
	Place M	71	lawry	Date 8	1930	Mannar of injury	
-	R	00	240		111	N' -	
19.	(Address)	190	wall of	Mouse	2014	24. Was diseasa or injury in any way related to occupation of deceased? 110	
	10/8	136	Charles and the same of the sa	.07	210	(Signed) Thu Oleen	M. D.
20.	FILED 10/0			local	Registrar.	(Address) NEwaytou	ud
		//	7		ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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(I	Example II	
causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1 1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
. 3.	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:

COAD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. A UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAIMLY, WI.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	20
1. PLACE OF DEATH	Train		30
County Cause	ell sama Ling	Registration Dist. No.	
Village or City	Tuiuster)	No. E. Main St.,	Ward
Length of residence In city or town wh	ere deeth occurredyrs6mos.	death occurred in a hospital or institution, give its NAME instead of street and numbe 3. ds. How long in U.S. if of foreign birth?yrsmos	er) ds.
2. FULL NAME	tella Sessiono	f and the second	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH Stokes (Month) (Dey) (193	Vear)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. LHEREBY CERTIFY The Totteproof scheep	sed from
6. DATE OF BIRTH (month, day, and year)	Quant 25, 1858	Hast sew h A alive on 1926 deet	th is sald
7. AGE Years Months		to have occurred on the data stated abova, atm.	
78 1	14 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	g of anset
8. Treda, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	111	1 Auto 1	new
	us nounce	June Ferran	50
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		Chrong merchen 1	// A
IO. Date deceased lest worked at this occupation (month and yeer)	11. Totel tima (yeers) spent in this occupation	Dopphilas 1/1	35
12. BIRTHPLACE (city or town)	PA	Other Contributory Canses of Importance:	12/
(Steta or country)	ruggand	wania	146
E Janua	session	(B) A.	
(Steta or country)	Maryland	Nema of operation Date of Whet test confirmed diagnosis Whet test confirmed diagnosis	,/12
15. MAIDEN NAME Illas	4 Wace	23. II deeth was due to extarnel causes (VIOLENCE) fill in also the Tollowing:	
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	2112 6 0	Accident, suicide, or homicide? Date ol injury,	19
(State or country)	any area	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MAS 1 STATE (Address)	winter (Wed	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	- 0 -	Manner of injury	
Place Violuiniste	1. Date (4.12, 1936	Nature of injury	
19. UNDERTAKER J. J. J. J. J. J. J. J. J. J. J. J. J.	wis fuse	24. Was disease or injury in any wey releted to occupation of deceesed?	7
20. FILED / 0/// , 19.36	Hacoodus Registrar.	(Signed) Address) Patricipal	M. D.
15_	Registrar.	(Audiess) # Paris Rain Barrier Barrier Bl C No.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

(48) V		7/	
	Registration Dist.	No. /	
No		St	Ward
f death occurred in a hospital or institution,		ad of street and n	
s. How long In U.S. if of fore	ign birth?	_yrsmo	s.1ds.
Mysley			3
St. Ward.			
	If nonresident give c	ity or town and	State
H TO THE RESERVE TO T	IFICATE OF		
21. DATE OF DEATH	0		
	res	2	193 6
(M	onth)	(Day)	(Year)
22. I HEREBY C	ERTIEV T	hat I attended a	laceseed from
tan 103	36 Q	9- 2	19.3.6
La deal of	1	93/	
Plast saw h & alive on	. 11 *24		; deeth is said
to have occurred on the date steted abo	/		
The PRINCIPAL CAUSE OF DEATH en- were as follows:	d related causes of i	mportance	Date of onset
Cancino	u-		1930
le terus va	gina	- 9-	
Bladder			
Seral	rulo.		
P: / O	d' +	Linescotta.	
Cosmony Concinoma of	the siterie	44-07	
Other Contributory Canses of importance	e: -\-		
0.0.	٠	4	
Name of operation	m /rea	Dete of Z	1986
What test confirmed diagnosis?	(a. Signe 9)	Was there an a	itopsy?
23. If death wes due to external causes (VIOLENCE) fill in el	so the following:	
Accident, suicide, or homicide?	Date o	of injury	, 19
Where did Injury occur?			
	pecify city or town,	county and State) CE
- Specif whether injury occurred in IND	OUTKI, III HUME, 0	HIPODLIC PLA	UE.
Manage of International			
Menner of injury			
Nature of Injury			
24. Was disease or injury in any way rel	ated to occupation	of deceesed?	
If so, specify		A	
(Signed) W. Helen	Mal.	ciche	7 M.D.
(Address) 69W	malins	f-Waste	make,
2411 N Charles Street Baltimore Pequette	mg 91 S No v		7

If more blanks are needed, address State Registrar

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1936	July 5, 1927	Peritonitis	3 days ago
RUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYNY WY TO TATE	MA SECT	T CAP	T C VOT TITION	DATE THE THE TALL TO	10 1	Y YY Y DY CYYYYY

N. B.—WRITE PLAI

V. S. No. 1

TION is very important. See instructions on back of certificate.

20. FILED __/_/_

Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH County Carvall Village or City Patabase (If death occurred in a hospital or institution, give in NAME instead of street and number) Length of residence in city or town where death occurred Pyrs mon ds. How long in U.S. If of foreign birth? yrs mos ds. 2. FULL NAME (a) Residence: No Patabase (b) Residence: No Patabase (c) Length of residence in city or town where death occurred Pyrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world) So. If married, widowed, or divorced biblioghabithese and the patabase an		
1. PLACE OF DEATH County Village or City Carroll No. No. No. No. No. No. Length of residence in city or town where death occurred Dyrs. Molong in U.S. if of foreign birth? yrs. Med. PERSONAL AND STATISTICAL PARTICULARS SIX A. COLOR OR RACE S. SINCEL, MARRIE, NIDOWED OR DUJONCED (write the word) San It married, widowed, or divorced WUSSANGE of or divorced WUSSANGE of or divorced WUSSANGE of or divorced WUSSANGE of or divorced WUSSANGE of or divorced WUSSANGE of or wide one as SPINER, SAWYER, BODNKEFER, etc. S. Indiany or business in which Work was done, as SILK MILL Work was done, as SILK MILL 10. Businessed distributed at paper in his occupation. Dibar Conflictory Causes of importance was at follows: What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopoy? Was there an autopoy? Was there an autopoy? 21. Here is the stated above, and since the following: Name of operation. Date of homicide. Date of homicide. Date of homicide. Date of homicide. Date of homicide. Date of homicide. Date of homicide. Date of homicide. What test confirmed diagnosis? Was there an autopoy? 22. Here is the date stated above, and a stated above, and	STATE OF MARYLAN	ND—CERTIFICATE OF DEATH 10233
County Carrol Village or City Patapto (If death occurred in a boppinal or institution, give in NAME instead of stated and number) Length of residence in city or town where death occurred		
Village or City Patables (II death occurred in a horpital or institution, give in NAME instead at stated and number) Length of residence in city or town where death occurred S. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. Patables (Usual place of a bodo) St. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SIXE 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED 3. If married, wildowed, or divoyced 4. COLOR OR RACE 5. If married, wildowed, or divoyced 4. COLOR OR RACE 5. If married, wildowed, or divoyced 4. OATO OF BIRTH Honoth, day, and year) Sept 1 b 871 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 1. Saw MILL, BANK, etc. 9. Industry or beginnesses of importance weapon or particular spant in this cocupation (month and pant) occupation. 10. Date of General August 1 and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date stated above, at V. 20 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance weapon of the date s	County Carroll	7/
Length of residence in city or town where death occurred . D.yrs mos ds. How long in U.S. Hot foreign birth? yrs mos ds. How long in U.S. Hot foreign birth? yrs mos ds ds. How long in U.S. Hot foreign birth? yrs mos ds	Village or City Patarsco	
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PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SHIGLE, MARRIED, WIDOWED, OR DIVORCED Counter the word) 5a. Il married, widowed, or divorced OR DIVORCED Counter the word) 6. DATE OF BIRTH month, day, and year) 6. DATE OF BIRTH month, day, and year) 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDRKEEPER, etc. 9. Industry or business in which the same and state the state of above, etc. 10. Business of the same as SILK mill. 10. Business of the same as SILK mill. 11. Total time (years) paper in hits occupation (month end year) 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. Date (city or town). 17. INFORMANT 18. The PRINCIPAL SICK (vity or town). 18. Secondary or town of the date stated above, etc. 19. 2. Literature to the date stated above, etc. 19. 2.	0 + 0	
PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE OR DYROCED (white the word) DR DYROCED (white the word) OR DYROCED (white the word) OR DYROCED (white the word) OR DYROCED (white the word) OR DYROCED (white the word) OR DYROCED (white the word) OR DYROCED (white the word) OR DYROCED (white the word) 5a. I married, widowed, or divorced (Month) (Day) (Year) 5a. DATE OF BIRTH month, day, and yeer) ADATE OF BIRTH month, day, and yeer) 11 Is stat awa, A. W. elive on Color 19. 19.30 deeth is said to have occurred on the date stated above, etc. 30.00 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance weeks follows: Where ADATE OF BIRTH month, day, and yeer) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME ADATE OF DEATH 19.3 C. Where did injury occurred in IMPOSTRY, in MBME, or in PUBLIC PLACE. Where did injury occurred in IMPOSTRY, in MBME, or in PUBLIC PLACE. Specify whether injury occurred in IMPOSTRY, in MBME, or in PUBLIC PLACE.		
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6. DATE OF BIRTH month, day, and yeer) Sept. 16 871 7. AGE Years Months Days IT LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Bate deceased last worked at this occupation (month and year) 10. Bate deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. ALLEL 19. 2. It lest saw h. 2 19. 3 10	5a. If married, widowed, or divorced	
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7. AGE Years Months Days IT LESS than 1 day	6 DATE OF RIPTH Fronth day and year) Sept 16 18	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAHK, etc. 11. Total time (years) spant in this occupation (month end year) 12. BIRTHPLACE (city or town) Mean Patapage 13. NAME 14. BIRTHPLACE (city or town) Manyland 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Manyland 16. BIRTHPLACE (city or town) Manyland 17. INFDRMANT 18. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAHK, etc. 11. Total time (years) spant in this occupation Dither Contributory Causes of importance: Where the contributory Causes of importance: Where diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDL ENCE) fill in also the foilowing: Accident, suicide, or homicide? Date of injury. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	7. AGE Years Months Days If LES	S than to have occurred on the date stated above, et 3.30@m.
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Bate deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Maryland 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFDRMANT MAS. Albert Schalfer Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		min were at follows:
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Description Description	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
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(State or country) 13. NAME Samuel S. Shaner	Mean Potapson	Other Contributory Causes of importance:
Whet test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		Jones wing you
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME 19. Pichards 23. If death was due to external causes (VIDL ENCE) fill in also the foilowing: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	14. BIRTHPLACE (city or town) - Maryland (State or country)	
Where did injury occur? (Specify city or town, county and State) 17. INFDRMANT Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	# 15. MAIDEN NAME Sarah C. Richard	
Where did injury occur? (Specify city or town, county and State) 17. INFDRMANT Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	16. BIRTHPLACE (city or town)	
17. INFORMANT This , Albert School Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	∑ (State or country) Maryland	Where did injury occur?
	17. INFORMANT Mrs. Albert Schoeffer (Address) Patapsco Md	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Menner of injury	(Val 7,) 7,	
Plece Vatabace All Date Alf. 7., 1936 Nature of injury	Piece Vatabaca Med Date Met. 2	1936 Nature of injury
19. UNDERTAKER	19. UNDERTAKER J. Francis Kelsel (Address) Westersenster Ver	24. Was disease or injury in any way related to occupation of deceased?
(Addrage)	(Mulicos) // // / / possession //	IT SO, SPECITY

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOW 6 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

supplied.

-WRITE PLAINLY, WITH mation should be carefully

N. B.

certificate.

See instructions on back of

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MAR	OVI AND—	CERTIFICATE OF DEATH	004
1. PLACE OF DEATH	LAND	CERTIFICATE OF DEATH	404
1		23	4
		Registration Dist. No.	
Village or City Descelle		No. 10 Step of death occurred in a hospital or institution, give its NAME instead of street and n	ward ward
Langth of residence in city or town where death occurred	yrsmos	/-/ /	
2. FULL NAME Ella Trac	icar	If U. S. Veteran, specify WAR	
(a) Residence: No. /2/7	Lucan	& Stor Ward.	
(Usual place		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PART		MEDICAL CERTIFICATE OF DEATH	
	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	102 6
V. W. Su	egle	(Month) (Day)	(Yaar) ·
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That I attended	dacaased from
(OI) WIFE OI		May 20 , 1996, 10 October 3	19.06
6. DATE OF BIRTH (month, day, and year) leebee	peon	I last saw N. S.C. alive on October 3 , 1932 &	; death is said
7 AGE Years Months Days	If LESS than	to have occurred on the date statad above, at 10 m.	
dec .	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance warp as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Luly Culasia of las	Clerken
SAWYER, BOOKKEEPER, etc.	cul	Luces .	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and sp	time (years) ent in this cupation		
12. BIRTHPLACE (city or town) Musken (State or country)	eco a	Other Coutributory Causes of Importanca:	
		-	
E / / / /		None of a suplim	
4 14. BIRTHPLACE (city or town)	Alama	Name of operation	100
15. MAIOEN NAME Alaxella le	Joods.	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) Weeker (State or country)	o-un	Accident, suicide, or homicide? Oate of injury Whare did injury occur?	
17. INFORMANT A Referred (Address)	certa	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
18. BURIAL, CREMATION, OR REMOVAL Place New Gatherdroller Oate Oct	7 1936	Manner of injury	
I late to the same of the same	, 19-70	Nature of injury	
19. UNDERTAKER delle & Jules Sy	4	24. Was disease or injury in any way related to occupation of decaasad?	
(Address) A 3/8. Walfage &	· Stage	If so, specify (Signed)	
20. FILEDULY 4 , 1913 6 9 Harry	Registrar.	(Signed) (Address) Subject Clu	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of Capportance		Other contributory causes of importance:	
Gallstones CT 100	May 1,1923	Gastroenteritis	1 year
(A)			

10235

1. PLACE OF DEATH	
county Springfuld State Hoop	Registration Dist. No. 74
Village or City Superville, Med.	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME William Booley Volker	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Residence: No. Typinisfield St. Hosp	U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from april (5, 19/0, to 0.1, 3, 1936)
6. DATE OF BIRTH (month, day, and year) May 9, 18 9 2	I last saw h Lasa alive on The 3, 19 36; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.45p.m.
UCC U 74 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done as SPINNER	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Intestinal obstruction from
9. Industry or business In which work was done, as SILK MILL, 7. SAW MILL, BANK, etc	not due to cancer Cut R 9/7/36
U 1D. Date deceased last worked at II Total time (years)	Primary Cause: Occumulation of swallowed for-
this occupation (month and spent in this year) occupation	sign Sejects (rags, stee), in a hadwadont colons-
12. BIRTHPLACE (city or town) Baltimore, Mod.	Other Contributory Causes of importance: "mechanical ileus"
(State or country)	mental defective gatiente buration : since
I 13. NAME William Volter	1910
14. BIRTHPLACE (city or town) Bultimore Wit	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emma Schafer	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Belginore WT.	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Hoapiful reords (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR PENOVAL	Manner of injury
Facedon Park Date av. 6, 1936	Nature of Injury
19. UNDERTAKER FLOURE V. Pefritone (Address) Ballinsione Med.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Det. 4, 1936 CHarry New Registrar.	(Signed) A Mul Donton, M.D. (Address) Spinsfield Stat Hosep.
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause o of importance were as Arteriosclerosis	f death and related causes		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neph	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 9 1936	J 4y5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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	-WRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY.
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PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	3		
County Carroll	Registration Dist. No. 7/		
Village or City / 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No. St., Ward		
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?vrsmosds.		
minut Philadel	10. 21		
2. FULL NAME/CAPYAGE CUSTOMES CO			
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCAD (write the word)	21. DATE OF DEATH		
T W OR DIVOREND (white the world)	(Month) (Day) (Year)		
5a. If married, widowed, or divorcad HUSBAND of			
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 : death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.		
() () () 1 day, Q_hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
9 Trade profession or particular	Date of oneat		
SAWYER, BOOKKEEPER, etc.	1 (form)		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jan		
10. Dato deceased last worked at 11. Total time (years)			
this occupation (month and spant in this occupation			
12. BIRTHPLACE (city or town)	Other Contributory Causes of importanca:		
(State or country)			
13. NAME (MARCHE (City or town). Carried			
4. BIRTHPLACE (city or town)	Name of operation Data of		
(State of country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME / Lely Maria Bangy	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME / Lely Maria Bange	Accident, suicide, or homicide? Data of injury, 19		
(State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CROMATION, OR REMOVAL	Manner of injury		
Place Me felk en Date OC 15, 1936	Nature of injury		
IN HOSPITANTE A DE COMPANION DE SERVICIONES COMPANIONS	24. Was diseasa or injury in any way related to occupation of deceased?		
19. UNOERTAKER QUANTIES (Address)	If so, specify		
20 FUED act 15 1936 margaret R. F. ska.	(Signed) . A Legg M. D.		
Registrar.	(Address) lection of Sun my		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

N. B.—WRITE PLAI

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and relation of importance were as follows: Arteriosclerosis	ted causes . Jate of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	5 1950 1991	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 108	ZAO		
Other contributory causes of Important	nce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be

fION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	- (F2-C)
County Carrie	Registration Dist. No. 93
	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME GEORGE WILLIAM W (a) Residence: No. Wordening The (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Calenda Walse	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month, day, and year) business in which some displayed to the control of the control o	I last saw have alive on Section 19 death is said to have occurred on the date stated above, at 12 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows: Date of onset 2 3 5 7 7 7 7 9 3 5
11. Total time (years) spent in this occupation spent in this occupation spent in this occupation spent in this occupation spent in this occupation (Stata or country)	Othar Coutributory Causes of Importanca:
13. NAME Tien welle 14. BIRTHPLACE (city or town) Carnese Carly	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Mary on Chepel Controls Oct 29, 1936.	Manner of injury
19. UNDERTAKER le-Re-Hultz (Address) Winfredd, mel	24. Was disease or injury in any way related to occupation of deceased?
20, FILED QC/28, 1936 Aug M. Hewitt	(Signed) (Address) amanage Sanger

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 10 166	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance;		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
10 2030				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Date of onset

Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NOV 6 1036				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT EXCORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	infor-	state	UPA.	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every iten mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificate.	yo u	plno	DCC	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate.	iter	sh	of	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORMATION should be carefully supplied. AGE should be stated EXACTLY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificate.	3D. Every	YSICIANS	statement	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.	L Parco	Y. PH	Exact	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PEI mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly IION is very important. See instructions on back of certificate.	RMANEN	XACTL	classified.	
WRITE PLAINLY, WITH UNFADING INK—THIS I mation should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be p TION is very important. See instructions on back of ce	SAPE	tated E	roperly	rtificate.
WRITE PLAINLY, WITH UNFADING INK—TH mation should be carefully supplied. AGE should I CAUSE OF DEATH in plain terms, so that it may I TION is very important. See instructions on back or	ISI	s ac	be p	of ce
WRITE PLAINLY, WITH UNFADING IN mation should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that TION is very important. See instructions o	NK-TH	should	it may 1	n back
WRITE PLAINLY, WITH UNFAD mation should be carefully supplied. CAUSE OF DEATH in plain terms, s TION is very important. See instruc	ING II	AGE	so that	ctions o
WRITE PLAINLY, WITH mation should be carefully s CAUSE OF DEATH in plain TION is very important. Se	UNFAD	upplied.	terms, s	e instruc
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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	1. PLACE	OF DEA	TH Man	ryland I	uberculo	sis Sanatorium	23	2000
		Carr	oll	Co	lored Br		Registration Dist. No.	74
	Village	or City H	enryton	, Maryla	ind.	No		St. Ward
	Length o	f residence in ci	ty or town where d	leeth occurredO	yrs. O mos	death occurred in a hospital or institut	tion, give its NAME instead of a foreign birth?	street and number)
				rcy Will Lanvale		If U. S. Veteran, ltimore, Wigaryl	specify WAR None	•••••
	(a) no.	nucice. Ito		(Usual place of		J. Wala: - V	If nonresident give city or	town and State
	PERS	ONAL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CI	ERTIFICATE OF DE	ATH
	sex [ale		r or race lored	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH	ct., 17, 193	6, 193 (Year)
5a	. If married, v HUSBAND (or) WIFE	vidowed, or divo of of		William	s	22. I HEREBY	CERTIFY. That I	ettended deceased from
6.	DATE OF BU	RTH (month, day	and year) NOT	v., 30,	1903	1 last saw h alive on	36 , Oct., Oct., 16, 19	36 death is seid
_	AGE	Years	Months	Days	If LESS than	to have occurred on the dete state	d ebove, et 6.30 ml.	
		32	10	17	l dey,hrs.	The PRINCIPAL CAUSE OF DEAT were es follows:	TH and releted causes of imports	ance
z	8. Trede,	profession, or pa f of work done,	rticuler as SPINNER	Porter		Pulmonary Tu	berculosis	Date of onset Way
OCCUPATION	SAV	YYER, BOOKKEE y or business in	PER, etc	rorter			***************************************	1936
	WOI SAL	y or business in k wes done, es S V MILL, BANK, e	SILK MILL,					
000	10. Date di	eceased last wor occupation (and	ked et	11. Total tin	ne (years) t in this MiGV/11			
12	BIRTHPLAC		Petersbu Virginia			Other Contributory Canses of Impo	rtance:	
ER	13. NAME		s Willia				~~~~	
FATHER		LACE (city or to	wn) Peter	rsburg,		Name of operation		Oete of
2	15. MAIOEN		Sarah Ne			What lest confirmed diegnosis?		there an autopsy?INO
MOTHER	16. BIRTHP	LACE (city or to	wn) Pete	ersburg, ginia.		23. If death wes due to external cau Accident, suicide, or homicide? Where did Injury occur?		
17	. INFORMANT			eill, M. , Maryla		Specify whether injury occurred in	(Specify city or town, count in INDUSTRY, In HOME, or in Pl	y and State) UBLIC PLACE.
18	B. BURIAL, CRI	MATION OF R	/ ^	L Oate / 0 -	20 ,1936	Manner of injury	time time time time.	
19	. UNDERTAKE (Addres	R Hims	10% PK	lelso	n with	24. Wes diseese or injury In any wall of so, specify	ay releted to occupation of deco	eesed? NO
20	FILEO 10	/17/36	Mun	outy Loc	al Registrar.	(Signed) Hen	ryton, Maryl	and.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

				OF I				CERTIFICATE OF DEATH 102	(41)
1	. PLACE OF				Mar	yla		berculosis Sanatorium ored Branch 28 Boxistation Diet No. 7.4	
	CountyC							registration Dist. No. 1/4	
	Village or C	ity_Her	ryton	Me	aryla	and.	a	ND. (&DOVE) St., death occurred in a hospital or institution, give its NAME instead of street and nun	W
	Length of resi	denca in city	or town where	death oc	curred	1_yrs.	2mos	ds. How long in U.S. if of foreign birth?yrsmos	ibet)
2	. FULL NA	ME Ma	artha.	Ann	Winb	orn		If U. S. Veteran, specify WAR None	
								SMd Ward.	
			STATIST					If nonresident give city or town and Str	ite
3. 5	SEX		OR RACE	5. SIN	IGLE, MAR	RIED, W	IDOWED,	21. DATE OF DEATH	
1	Female	Col	Lored	OR	Sing		the word)	October 15, 1936, 1	93
5a.	If marriad, widow HUSBAND of	ed, or divorc	ed						
	(or) WIFE of						III.	Aug., 14, 1935, 19 to Oct., 15, 1	
6.]	DATE OF BIRTH (month, day,	and year)	July	777.	19	05		
7. /	AGE Yea	rs	Months		Days	If	LESS than	to have occurred on the date stated abova, at 6.15 nP. M.	
-	27	7	2		28		,hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of o
2	8. Trade, profes	slon, or part ork dona, as BOOKKEEPI	s SPINNER,	Dom	nesti	0		Pulmonary Tuberculosis	
CCUPATION	Industry or work was			поп	100 61	<u></u>			T
CUF	SAW MIL	L, BANK, ato	G		nown	~			Jun 193
00	10. Data decease this occup	ed last work: pation (mont	ad at h and Unki	03170	11. Totai ti spe	ime (yea ntin thi	rs) Inknov		4.50
			~		L OCCI	upation	THER	Other Coatributory Causes of importance:	
12.	State or cour		Capor						
HER	13, NAME		Amos						
FATH	14. BIRTHPLACE	(city or tow	n Newbo	orn				Name of operation Date of	
	(Stata or	country)	Nort	1 Ca				What test confirmed diagnosis? Was there an auto	psy?N
OTHER	15. MAIDEN NA		Patt					23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (Stata or	(city or tow	n) Petrei	rsbu	rg			Accident, suicide, or homicide? Data of injury	_, 19
	(Stata of		Virgi					Where did injury occur? (Specify city or town, county and State)	
17.	(Address)	John	yton.	Mar	ll, l	M. J)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, CREMAT	ION, OR RE	MOYALMt	Aubi	irn Ce	em.		Manner of injury	
	Place / LL	wford	Mourt	9 Date	Oct	11.	9, 1934	Nature of injury	
19.	UNDERTAKER A	alle	RL	Vel		m	1	24. Was disease or injury in any way related to occupation of deceased? No	
4	(Address)	322	not	hr	cec	les	DK	If so, specify	
20.	FILED 10/1	5/.3619		u C	o.C	DM	ule	(Signed) Henryton Naryland,	. 2
			Deput		ocal		Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONALAY	OD A OT TH	OD WITDMITTIN	COST A STREET WATER OF	YD XZ	TATESTOT OF A ST
ADDITIONAL	SPACE FO	OR BUILDING HER RORS	STATEMENTS	IS Y	PHYSICIAN

	BURTAL.	PLACE	AND	DATECHANGED	BY	STATELET	OF	UNDERTAKER	IN	PERSOI	10/23/36	L
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TION is very important.

-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County larroll	Registration Dist. No. 7.5
Village or City Manchester	No. St. Ward
70 (16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos	
2. FULL NAME (Some & Won	R
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Out 26
remale White Willow	(Month) (Day) (Year)
5a. If married, widowed, or divarced	
(or) WIFE of Jacob Wasse Viause)	22. I HEREBY CERTIFY, That I ettended deceased from
11:019 1857	I last saw h alive on Self 15 1936; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$30 \text{A}_m,
79 6 / 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House Illand	19 + ++ ++ 1 mill + 100
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and 1923) 11. Total time (years) seen lin this	Comme american regards 19 70
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and 1933 11. Total time (years) spent in this	
this occupation (month and 1933 spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Mankand	1 arler onelesous
# 13. NAME John L. Belohmer	
E //	Name of operation
14. BIRTHPLACE (city or town) (State or country) (State or country)	What test confirmed diagnosis? Phys Exam Was there an autopsy?
E 15. MAIOEN NAME GOODALA PILLA	23. If death was due to external causes (VIOLENCE) fill in elso the following:
E NOODO	Accident, suicide, or homicide?Oate of injury19
16. BIRTHPLACE (city or town)	Where did Injury occur?
40-111:11	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	openity whether injury occurred in the botter, in nome, or in robelo reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Manchester Md Date 10-29, 1936	Nature of injury
a l manda	24. Was disease or Injury In any way related to occupation of deceased?
19 UNDERTAKER (A MANAMAN)	If so, specify
0 7 28 3/2 00 0 0 ()	(Signed) W. R. Sterner M. D.
20. FILEDOCT . 28 , 1936 Mys. In. P. S. Neman Registrar.	(Address) manaleste md
Registrat.	

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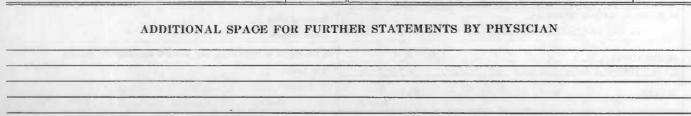
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



BINDING RESERVED

V. S. No.

of should item PHYSICIANS statement PERMANENT classified. 田 certificate. properly stated Jo back may plnods on that See instructions UNFADING supplied plain should be carefully important. in DEATH very OF -WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.___ (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a, If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at 1.45 1 day, hrs. 10 The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min. Date of onset rade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (velis) this occupation (month and 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation____ Date of. (State or country) ----- Was there an autopsy?___ What test confirmed diagnosis? MOTHER 15. MAIDEN NAMES 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18, BURIAL, CREMAT Manner of Injury TION is CAUSE mation Nature of injury. 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Laftimore, Requesting V. S. No. 1.

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DEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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A.	STATE C	OF MARYLAND—	CERTIFICATE	OF DEATH	0010
state UPA	1. PLACE OF DEATH		(450)	to the president	0243
occ occ	County Casscall		4.0	Registration Dist. No. 7	7
	Village or City Sugal	usburg	No	St.,_	Ward
o	Length of residence in city or town where	7 4 / /		tion, give its NAME instead of street and foreign birth?yrs	
Every SICIANS statement	1 - 70	1 21 9	66.	r totergii birtiit	.1110303.
ten ten	2. FULL NAME Willi	am or- gg	70		
RD YS	(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town a	and State
CORD. PHYSI	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DEATH	
NENT RECO CTLY. PH ified. Exact	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		/.
4	mw	OR DIVORCED (write the word)	Cert	(Month) (Day)	193 (Year)
MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBAND of	01 ' = 0		100 400	
A A SS	(ar) WIFE of Carrier	Spruffle	22. HEREBY	CERTIFY, That Lattend	ada / Bon
CXE.		bird 1-1818	1 last saw h_ alive on	, 19, to	death is said
IS A PE stated E properly certificate	7. AGE Years Months	Days If LESS than	to have occurred on the date state	ed above, at 8 4 m.	.1-1; death is said
IS A I stated properline	68 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	TH and related causes of importance	
IS sta pr	Trade, profession, or particular	ormin.	were as follows:	• • • •	Date of onset
be of	kind of work done, as SPINNER,	Harney	00 . 7	49	
ould may back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	oun Janus	CHOOME /19		
360 6	work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	PP	margardi.	
T M TO	o this occupation (month and 193	spent in this 40	100	1. 1. 1.4	2400
NG I AGE that ions			Other Contributory Causes of Impo	ortance:	
INFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	cylend			
UNFA upplied terms, instri	13. NAME Olesalon.	ach			
1 1 4		011	Name of operation	Deta of	
F -= 70	14. BIRTHPLACE (city or town) (State or country)	regland	What test confirmed diagnosis?	line cal Was there :	an autopsy?
5 5 6	15. MAIDEN NAME Clesales	the Wallewes		uses (VIOL ENCE) fill in also the follow	
	16. BIRTHPLACE (city or town)			Date of injury	
be carri	≤ (State or country)	laryland	Where did injury occur?		
LAINLY, Id be can DEATH y import	17. INFORMANT Lestes 3	lepp.	Specify whether injury occurred in	(Specify city or town, county and S n INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
E PLA should OF D	(Address) Heury	reflere me			
5-7 70	18. BURIAL, CREMATION, OR REMOVAL	Mad 1/13 1936	Manner of injury		
	Place / // Luon	19.00	Nature of injury		3
-WRI matior CAUS TION	19. UNDERTAKER Edwe	Tiplon	24. Was disease or injury In any w	vay related to occupation of deceased?	700
8 ()	(Address) Peru	hakene Mid	If so, specify	n (hate	airal)
2(1)	20. FILE Oct. 1/ , 1936 JA	tin S. Heglies H	(Signed) / / / / / / / / / / / / / / / / / / /	a content	M. D
	4	Registreft. blanks are needed, and ress State Registrar,	(Address)	Cary IV.	
	uj more	viums are needed, aggress state Kegistrar,	2411 IV. Charles Street, Daumore, Ke	учения О. Э. 140. Т.	

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Gallstones	May 1,1923	Gastroenteritis	1 year			